

# CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

## EXECUTIVE SESSION

### EXECUTIVE CALENDAR

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to executive session to resume consideration of the Mandelker nomination, which the clerk will report.

The senior assistant legislative clerk read the nomination of Sigal Mandelker, of New York, to be Under Secretary for Terrorism and Financial Crimes.

The ACTING PRESIDENT pro tempore. The Democratic whip.

### HEALTHCARE LEGISLATION

Mr. DURBIN. Madam President, it was about a month ago that the House of Representatives, by a narrow vote, voted to repeal the Affordable Care Act and to replace it with their own creation. That effort by the House of Representatives passed by, I believe, 2, 3, or 4 votes. It was very close, and it was a partisan rollcall—all Republicans voting for it and no Democrats voting for it. So it came to the floor of the House without any bipartisan preparation. It was only after the vote that the Congressional Budget Office took a look at the measure and reported to the American people its impact.

Now, that is unusual because, when you take a big issue like the reform of America's healthcare system, historically, traditionally, Members of the Congress—the House and Senate—will send their versions of the bill to the Congressional Budget Office and ask for an analysis: Tell us how much this will cost. Tell us the impact on the deficit. Tell us what it will do in terms of healthcare coverage. But the House Republicans chose to vote before the analysis.

Well, the analysis still came out, and when it came out, the report was unsettling because it had a dramatic negative impact on healthcare in America. The House Republican repeal, according to the Congressional Budget Office, would mean that 23 million Americans would lose their health insurance.

Remember, we started this debate 6 or 7 years ago because we were concerned that too few Americans had health insurance and we wanted to expand the reach of health insurance and make sure that it was good health insurance, and that is why we passed the Affordable Care Act. We fell short in some respects, but we certainly achieved our goal of increasing the number of insured Americans with the Affordable Care Act. In my home State of Illinois, the percentage of those uninsured with health insurance was cut in half. In fact, it was even better than that. So more and more people ended

up with coverage through Medicaid, as well as through private health insurance.

Now comes the repeal of the Affordable Care Act, and the Republicans in the House decide to not only erase all of that progress in providing more health insurance for more families but to make it worse—to make the number of the uninsured even higher than it was. So if that is the starting point of healthcare reform, you ask yourself: Is that really a worthy goal? Why would you do that?

Well, they were forced to do it. They really were. The House Republicans really, in fairness to them, had no choice, because they made the initial decision that their highest priority was to give a tax break of about \$700 billion to the wealthiest people in America. So by creating this tax break—giving this money back to wealthy people—they took that same amount of money out of America's healthcare system. When you take \$700 billion out of America's healthcare system, here is what happens. People who are currently receiving their health insurance through Medicaid, a government program, will have fewer and fewer opportunities to take advantage of Medicaid. In fact, they acknowledged that. The Republicans said in the House: We are just cutting back on Medicaid.

Secondly, you reduce or eliminate the helping hand we give to working families who can't afford to pay their hospitalization premiums. If you are in certain categories, we give you a subsidy to pay for your premiums. So follow the logic: If you cut the taxes by \$700 billion and take \$700 billion out of the healthcare system, you have less money to provide Medicaid health insurance for those in low-income categories, and you have less money to help working families pay for their health insurance premiums.

The Congressional Budget Office looked at that and said that the net result at the end of the day is that 23 million Americans will lose their health insurance because of this decision by the Republican House. In the State of Illinois, a State of about 12.5 million people, 1 million people would lose their health insurance because of this action taken by the Republican House of Representatives.

Well, from basic civics we know that here we are in the Senate and we get our chance once the House has acted. So we have been waiting—waiting for almost a month for the process to begin. The sad reality is it never even started—not the ordinary, open, public, transparent process of debating a change in America's public health system.

Instead, Senator MCCONNELL, the Republican leader, said: What I am going to do is to take 13 of my male Republican Senators, put them in a room, and let them write an alternative to the House bill. Why he didn't initially include the women in his caucus, he can explain, but it was 13 of the male

Republicans who would sit in a room to write, in secret, their alternative.

We think: Well, most legislative ideas start with that kind of a meeting—a closed-door meeting in the quiet of a room, basic negotiation. But it is the nature of a democracy and our form of government that at some point this becomes public. Shouldn't it? If we are going to change the laws about health insurance—basic fundamental coverage for American families—shouldn't we know it? Shouldn't we know what the changes will be before we vote on them?

Well, there is a pretty rampant rumor that tomorrow, for the first time, there will be a limited disclosure of this Republican effort over the last several weeks. We are told—and it is only a rumor—that the Senate Republican leadership will sit down with the Senate Republican caucus and show them for the first time what they want to propose that we vote on.

One might say: Well, that sounds like the beginning of a good, long process.

It is not. It is the beginning of a short process, because the Republican leader has said that this time next week we will be into debating that issue and voting on it to its conclusion—in 10 days. That is 10 days, start to finish, to rewrite the healthcare system of America, 10 days on a measure that has not been disclosed to the Republican Senators—not all of them—let alone the Democratic Senators and let alone the American people. That is what we are faced with.

When we wrote the Affordable Care Act, which was widely criticized by the Republicans, let me tell you the process we followed with the Affordable Care Act. In 2009, the Senate HELP Committee—or the Health, Education, Labor, and Pensions Committee—held 13 public, bipartisan hearings, 20 walk-throughs of various proposals, and a markup in the committee that went on for 1 calendar month, and 160 amendments offered by the Republicans were adopted. That was in 2009 with the Affordable Care Act.

The Senate Finance Committee, which writes the tax laws, held 17 roundtables, summits, and hearings on the legislation, 13 Member meetings and walk-throughs, and 38 meetings and negotiations.

Keep in mind that we still haven't seen the Republican proposal we are supposed to vote on next week—this secret proposal.

The Senate Finance Committee on the Affordable Care Act held a 7-day markup and adopted 11 Republican amendments. At the end of the day, not a single Republican Senator voted for the measure, but they offered amendments, and those amendments were debated and many of them were adopted by the Democratic majority.

When the Affordable Care Act came to the floor of the Senate, we spent—and I remember this well—25 consecutive days in session considering that bill—25 days. As to what Senator

MCCONNELL and the Republicans will offer to us in what we call reconciliation, we will be lucky to get 25 hours. We spent 25 days on the Affordable Care Act. In total, the Senate spent more than 160 hours on the Affordable Care Act and more than 150 Republican amendments were adopted, though not a single Republican Senator ended up voting for the bill. We opened it to their amendments and adopted their amendments. It was a bipartisan effort.

What has been the process this time around? No hearings, no markups, no public input, no support from the medical advocacy community at all. I don't have a single medical advocacy group in Illinois that supports what the Republicans did in the House of Representatives—not one. Hospitals, doctors, nurses, pediatricians, and disease advocacy groups, like cancer and heart, are all opposed to what was done in the House of Representatives, and we are being told, when it comes to the Senate's turn: Get ready, it is going to be fast. Don't blink, you might miss it.

Let me tell my colleagues what else we have. We have a record of quotations from leaders on the Republican side who, even though the Affordable Care Act went through all of these hearings and all this deliberation, were very explicit in their criticism. Here is Majority Leader MITCH MCCONNELL, a Republican of Kentucky, in December of 2009, on the Affordable Care Act. He said: "This massive piece of legislation that seeks to restructure one-sixth of our economy is being written behind closed doors, without input from anyone, in an effort to jam it past not only the Senate but the American people."

I might say to Senator MCCONNELL: How would you explain what you are doing now when it comes to rewriting the healthcare system behind closed doors without input from anyone? Is it an effort to "jam it past not only the Senate but the American people"?

Senator MARCO RUBIO last week was quoted as saying: "The Senate is not a place where you can just cook up something behind closed doors and rush it for a vote on the floor."

I agree with Senator RUBIO, but that is what they are trying to do.

Senator LISA MURKOWSKI, a Republican of Alaska, said: "If we had utilized the process that goes through a committee, I would be able to answer not only your questions but my constituents' questions."

Senator MURKOWSKI, a Republican of Alaska, expressed what most of us feel. How could we even answer an honest, legitimate question from someone we represent when we can't even see the measure that is being produced by the Republicans.

Senator JERRY MORAN, a Republican from Kansas, said last month:

I want the committees of jurisdiction to hold hearings, bring the experts who know about healthcare from across the country, bring the constituents to tell us their stories. Then I want every Senator, all 100 of us, to have the chance to offer amendments.

Thank you, Senator MORAN. I agree with you. That is how the Senate is supposed to work, but that is not how it is working now.

Let me tell my colleagues what some of the groups have said about this Republican effort to repeal the Affordable Care Act. You expect: Oh, it is a partisan comment from a partisan Senator. These are nonpartisan groups.

The American Heart Association, what do they say? They say: "The House bill would seriously erode pre-existing condition protections, including for patients suffering from cardiovascular disease."

About a third of us on Earth—or at least a third of us in America—have some preexisting condition. For the longest time, insurance companies said: If you are a woman, it is a pre-existing condition.

Go figure. But now, at least a third of us have some condition which, in the old days, would disqualify us from insurance coverage or make it too expensive.

So now we put in the Affordable Care Act a prohibition against discriminating against any American because they have a preexisting medical condition. I think that is pretty important. My family has certainly had the same experience as other families when it comes to preexisting conditions.

Now the Republicans have said: We are going to take that out. We want to give you more choice. We want the insurance companies to give you more choice. Choice means another reason to say no. Choice means coverage that isn't there when you need it. Choice means restrictions on your health insurance policy. That may not bother you at all today, but tomorrow, when you go to that doctor for that diagnosis you will never forget as long as you live or get involved in an accident and finally take a close look at that health insurance policy, you want to make sure it is there if you need it, don't you?

The Republicans say we need more choice. The American Heart Association says that, when it comes to pre-existing conditions, the House Republican repeal bill would seriously erode protection of Americans.

The American Medical Association, the largest group of physicians in America, said: "We cannot support [the bill] that passed the House as drafted because of the expected decline in health insurance coverage and the potential harm it would cause to vulnerable patient populations."

The American Diabetes Association said: "It would give insurers the ability to charge people with pre-existing conditions—such as diabetes—higher prices [for health insurance] . . . and would allow insurers to deny people with diabetes the care and services they need to treat their disease."

The American Association of Retired Persons has weighed in. Here is what they say: "This bill would weaken Medicare's fiscal sustainability, dra-

matically increase health care costs for Americans aged 50–64, and put at risk the health care of millions of children and adults with disabilities, and poor seniors who depend on the Medicaid program for long-term services and supports."

AARP is working overtime to notify Americans over the age of 50 and their kids that the repeal of the Affordable Care Act that passed the House of Representatives is a bad deal for seniors and their families.

There is something else going on, too. For more than 6 years, Republicans in Congress have been shouting "repeal and replace" from the rooftops, and they voted more than 60 times to repeal the Affordable Care Act. They never liked it from the start. They put language into bills to make it more difficult for the Affordable Care Act to work, such as funding needed to make individual insurance markets work as intended. Then, on his first day in office, President Trump signed an Executive order directing Federal agencies not to enforce the Affordable Care Act.

The Trump administration cut the open enrollment timeframe in half, making it harder for people to sign up for insurance—meaning fewer people covered, fewer people in the insurance pools, and premiums going up as a result. The President, to this day, continues to make uncertainty in the insurance market. He refuses to say whether he will continue providing cost-sharing reduction payments to help 7 million Americans afford health insurance. Without the payments, insurers tell us premiums will skyrocket 20 percent next year.

Let me mention one other thing that has happened as part of this health insurance debate. We decided to make a historic change in healthcare in America. I have told the story repeatedly, and I will not tell it in detail, but it was Paul Wellstone, a progressive from Minnesota, who sat right there, and Pete Domenici, a conservative from New Mexico, who sat right there, who came together—these two unlikely partners—because they each had members of their families who suffered from mental illness. They said: Why is it that we don't treat mental illness like an illness? Why is it that health insurance just covers physical illness?

They were right. They fought the insurance companies for years, and they won. We put it in the Affordable Care Act. We said: If you offer health insurance, you have to cover mental illness. My friends, it is time for us to step out of the shadows, where mental illness was considered a curse and not an illness, and deal with it as something that can be successfully treated. We put it in the bill, and most Americans would agree that it was the right thing to do.

There was another part of it, though, that slipped my attention and now I know it is critically important. It wasn't just mental illness. It was coverage for mental illness and substance abuse treatment.

How important is substance abuse treatment in America today? Go to Maine, go to Iowa, go to Illinois, and ask the question: Are there any problems with opioids? Heroin? Overdosing? Death? Of course.

When you go to the rehab and addiction treatment centers and you ask people: How is your family paying for this care to try to rescue this young child in your family or someone dealing with addiction, they say they are either under Medicaid, the government insurance program, or their health insurance policy covers substance abuse treatment. Why? Because Wellstone and Domenici effectively included that in the bill. Now, under the bill that passed in the House of Representatives, an estimated 1.3 million Americans with mental disorders and 2.8 million seeking help with substance abuse will lose their coverage for treatment. It is no longer a priority under the Republican idea of giving you choice with your health insurance.

Choice—when you are a father buying health insurance for your family and you are picking out a health insurance policy and you have a choice, could you anticipate the teenaged daughter you love with all your heart will one day face an addiction and desperately need substance abuse treatment to save her life? Did you think about that when you signed up for the right choice in a lower cost health insurance plan?

I feel, and many feel, that this is essential when it comes to services and health insurance. Republicans say: No, it is an option; take it or leave it. People who leave it and then need it find themselves in a terrible predicament. They can't provide the lifesaving treatment their kids and other members of the family they love desperately need.

I see my colleague on the floor, and I will not go any further other than to say this: Why are we in this position when, 10 days before the final vote on changing healthcare for 360 million Americans, it is in a proposal that no one has seen and no one has read and no one has analyzed? It is an embarrassment to this great institution, the Senate, that we are not deliberating on this measure—this lifesaving, life-and-death measure—with the kind of respect that it deserves, with the kind of expertise that it deserves.

My Republican Senate colleagues have said it well—Senator MURKOWSKI, Senator MORAN, and others: The Senate ought to do what the Senate was elected to do. Take up an important measure like this, read it carefully, debate it, amend it, bring in the experts, and don't move so quickly on it that you could jeopardize the healthcare of millions of Americans. I am sorry it has reached that point.

If 3 Republican Senators out of 52—if three of them—will step up and say: This is wrong; we need to do this the right way, a transparent way, a fair way, a bipartisan way. If three will step up and do that, then we can roll up

our sleeves and do the right thing for America.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Maine.

Mr. KING. Just a moment, Madam President. I am looking for the healthcare bill. I know it is here somewhere. I haven't been able to find it and have been looking all morning. I suspect maybe we will find it in the next couple of days.

I wish to talk about Medicaid. Medicaid is often perceived as a welfare program, and it isn't. It is essential medical support.

Now, let's talk about who receives Medicaid. Seventy-two percent of the people who receive assistance from Medicaid are children, people with disabilities, and the elderly. Indeed, 85 percent of the expenditures for Medicaid, as opposed to enrollees—85 percent of the expenditures—are for those same groups—the children, the disabled, and the elderly.

Particularly, what a lot of people don't realize is that Medicaid is one support—if not the principal support—for nursing home care throughout the country, and especially in my State of Maine. I suspect, if we surveyed people—perhaps some even in this body, but certainly in the general public: How are you going to cover Aunt Minnie's nursing home care when she has to have it later in her life, most people would say: Oh, we have Medicare. People I talk to at home say: Medicare is going to take care of me. No, except in very rare and limited circumstances, Medicare does not cover nursing home care. It doesn't cover long-term care. That is Medicaid.

Sixty-eight percent of all the Medicaid spending in Maine was for elderly or disabled people in 2014. About one in three people nationwide is going to require nursing home care—one in three. Nationally, over three-quarters of nursing home residents are covered by Medicaid. So if we are talking in this bill, wherever it is—if anybody finds it, let me know—about significant cuts to Medicaid, we are talking about people's ability to have long-term care in nursing homes. Make no mistake about it. You cannot cut Medicaid by over \$1 trillion in 10 years and not have it affect those people.

Now, some say we are giving the States flexibility. We are giving the States flexibility to make agonizing decisions between disabled people, children, and seniors. That is not flexibility. To quote the President, that is "mean." That is cruel. The States are only going to have two choices. They are either going to have to cut people off and limit services—and remember that three-quarters of the people are disabled, elderly, and children—or they are going to have to raise taxes on their own citizens.

Now, we are claiming we are going to help the Federal budget. We are going to reduce the deficit by \$800 billion over 10 years by passing this bill. But

we are just shifting the bill to the States. That is nice work, if you can get it. Why don't we shift the cost of the Air Force to the States? That would make the Federal budget look better. But it is not a real savings to our citizens if they have to pay out of their pocket at their home State or in their city, or if they have to pay part in their income taxes. That is no savings. That is a fake savings. That is a smokescreen to tell people: We are cutting government expenditures. No, we are not. We are just shifting them to another level of government where you are going to have to pay for them there as well.

But to get back to Medicaid. Seventy percent of the nursing home residents in Maine are covered by Medicaid. Who are they? They are people who can't be cared for at home any longer. They require nearly constant care and support. These aren't welfare recipients. These are our former teachers, police officers, the people who looked after us, the carpenters who built our houses, the nurses who cared for us in hospitals, the wait staff who served us meals, the veterans who served in times of trouble and fought for our freedom.

They and their families are simply part of our communities. They are not welfare recipients. They are people who have paid their fair share throughout their lives. They have worked hard. They have done all the things they were supposed to do, all the things that were expected of them. They stayed in their homes, by and large, as long as they possibly could. But at some point, after their assets and ability to pay were exhausted, they had Medicaid to help them in terms of long-term care.

I often say when I talk about this that it really frustrates me that we talk about this healthcare issue in terms of ideology and the free market and all of these kinds of things. No, this is about people.

This is about Jim and Cora Banks from Portland, ME. They lived in Portland. He was a State employee, and she was a beautician, who worked out of her home and most of her energy went into raising four boys. Cora was a den mother and Scout leader. They worked on projects and—can you believe it—all four of their boys were Eagle Scouts. That is an astonishing accomplishment, to have four sons as Eagle Scouts. They were active in the Kiwanis and taught Sunday school. One of their sons was involved in Little League. So Cora raised money to build a concession stand on the field, which is still used today.

At 55, tragically, Cora began to have memory issues. Because they had health insurance—because they had health insurance—she could get great care at a geriatric practice in Portland. Friends and family were helpful, and Jim was the principal caregiver for many years. But at 70, it became clear that Cora needed full-time care, and Jim could not provide that level of care. The doctors said she needed to be

in a residential setting. Her assets were exhausted. She qualified for MaineCare, which is what we call Medicaid. Her nursing home care was covered, and she lived for a year in that nursing home.

Two-thirds of the income for all of our nursing homes in Maine come from Medicaid, from MaineCare. What happens to this resource of the nursing homes if suddenly their revenues are significantly cut? What happens? But, mostly, what happens to people like Cora?

There is also an idea—and I heard the head of the OMB talk about it: We are not really cutting; we are just cutting the rate of growth. Well, if the demand is growing, the cost is growing, and you cut the rate of growth, you are cutting. Less money will be available than is necessary to meet the need. That is a real cut.

All of us know we are facing a demographic bulge from the baby boom generation, who are aging and are going to require more and more medical treatment, and they are going to put a greater demand on our nursing homes.

In Maine, we are projecting a 105,000-person increase in the next 10 years of people over 65. One in four Maine people will be over 65 in the next two decades.

The Alzheimer's Association projects that 35,000 Maine seniors will be afflicted with the tragic disease of Alzheimer's within 10 years; 25,000 had the disease in 2014. People with dementia are 10 times more likely to live in a nursing home.

There is a lot in the bill, I am told. I don't know; I haven't seen it. I have been looking for it. But the central premise seems to be, if it is anything like the House bill, a massive cut in Medicaid and a massive tax cut to the people in our society who least need it. The tax cut is targeted at the very wealthiest Americans. Yet the results of that decision will be to cut essential medical support for elderly people, disabled people, and children. I don't understand that bargain. I don't understand that equation—a gigantic tax cut to the wealthiest and a substantial cut in support for those who most need it.

Maybe I will be pleasantly surprised when I see the bill, whenever that is. I hope it is more than a few hours before we are called upon to vote on it. Right now, what we are hearing and what we are learning and what the House bill looked like would be a tragedy for this country and a tragedy for real people.

I don't understand the impulse to give a tax cut and to hurt people when we know that is going to be the case. And again, these are not welfare recipients; these are your friends and neighbors.

In all of our States, almost two-thirds of the nursing home residents are on Medicaid. We are not going to be able to cut Medicaid in the dramatic way that has been proposed without affecting those people.

I hope this body will take the time necessary to analyze this issue, to

openly debate it, to argue about it, and to find solutions that make sense and will work for the people of America, not try to ram something through for the purpose of checking a box on a campaign promise made years ago.

The reality is, we have an obligation, in my view, not only to solve the problem in a compassionate and rational and efficient way but also to develop and run a process here that respects the institution and respects the American people.

This is not the way this place is supposed to run—to have a bill drafted in secret, brought to the floor within hours or a few days of voting, and then force a vote without the kind of consideration, hearings, input, argument, and debate that is supposed to be the hallmark of this institution.

This is a very important decision, I think one of the most important any of us will ever make. I, for one, am going to be able to tell my children and grandchildren that I stood for Maine, for our children, for our elderly, for our disabled people. And when the chips are down, the United States Senate is going to do the right thing.

I yield the floor.

The PRESIDING OFFICER (Mr. TILLIS). The Senator from Iowa.

Mrs. ERNST. Mr. President, no choice and a proposed 43-percent increase in premiums—that is what ObamaCare and its harmful impact will bring to Iowa in 2018. This year, it brought premium increases up to 42 percent. Last year, it brought increases up to 29 percent. ObamaCare is not sustainable and not affordable for Iowans.

To anybody who has studied healthcare reform, this should come as no surprise. In the past, many States have tried to reform their individual market. Twenty-seven years ago, Kentucky made an attempt and implemented the Kentucky Health Care Reform Act of 1994. This bill was similar to ObamaCare in many respects. It contained more taxes, more regulations, and more mandates. Within 3 years—3 years—insurers fled the individual market and the State was hit with skyrocketing premiums.

What happened in Kentucky then is eerily similar to what is happening in Iowa today as a result of ObamaCare. When it comes to affordability and choice, my home State of Iowa has been hit particularly hard.

While traveling across the State, I hear from Iowans who are looking for affordable coverage. Far too often, I hear that high monthly premiums are squeezing pocketbooks and that soaring out-of-pocket costs, such as deductibles and copays, make coverage unaffordable to use for those who do have it. That is not what ObamaCare promised, but that is what it has brought.

One Iowan who works at a small business in Hinton wrote to me and said:

Over the past seven years, prices have jumped considerably and the coverage em-

ployees are getting for the amount of money spent is substantially less! We have tried to help our employees by minimizing the changes in premiums, but these last two years we had to start passing on some of the increases in order to survive.

We can no longer absorb the constant rate increases, nor can we not offer a health plan to our employees. Therefore, we find ourselves between the proverbial rock and the hard place. We certainly are not the only small business facing the same dilemma.

Employees at this small business can breathe a small sigh of relief because their employer still has the ability to offer coverage, even if they are forced to pay more and more because of ObamaCare. Other Iowans are on the edge because their options for coverage are shrinking.

In 2016, UnitedHealthcare left the individual market in Iowa. A few months ago, Wellmark and Aetna both announced they would be leaving the individual market in 2018. Medica is the only remaining statewide carrier, and while they appear to be staying for the next year, it will take a massive rate increase on Iowans for them to do so.

The Iowa insurance commissioner said:

Iowa has hit a point within our market's collapse that a 43 percent rate increase will drive healthier, younger, and middle aged individuals out of the market. Iowa's individual market remains unsustainable.

If Medica leaves after next year, there is a very real possibility that tens of thousands of Iowans will have nothing to purchase on the individual market.

To put this issue into perspective and show why it matters so much, I want to share concerns I received from a constituent in Ames, IA. This constituent is the parent of a child with a rare disease. The family purchased a plan from Wellmark to cover the child for 2017, but now that Wellmark plans to leave, the parents are unsure whether they will be able to find a plan for their child. They find this whole experience “disruptive and anxiety provoking.”

Disruption and anxiety are not being felt just in Iowa; all across the country, premiums are skyrocketing and choices are limited and in some places, nonexistent. Recent data from the Centers for Medicare and Medicaid Services shows that 2.4 million people in 1,200 counties across the country will have one option for insurance in 2018. That is not an option at all. A recent report by HHS found that between 2013 and 2017, premiums more than doubled on the exchange—more than doubled on the exchange. In some States, premiums tripled.

Across the country and in my home State of Iowa, we don't have the option to continue with the status quo when it comes to our healthcare. The reality is, the status quo is truly unsustainable.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. REED. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. REED. As a proud resident of Rhode Island and proud resident of Providence Plantations, I thank the Chair for the recognition.

Mr. President, I want to join my colleagues in expressing strong opposition to the Republican efforts to repeal the Affordable Care Act and to ask my Republican colleagues to abandon these efforts. They are crafted behind closed doors, and they embrace a huge tax cut for the wealthy at the expense of the most vulnerable among us.

Indeed, I implore Republicans to work with us on a bipartisan basis, in good faith, to make improvements to our healthcare system. We can make these improvements. I hope we can.

Just a couple of weeks ago, the non-partisan Congressional Budget Office told us that 23 million Americans would lose health insurance under TrumpCare. Let me say that again: 23 million Americans will lose health insurance under the Republican bill. That is more people than live in Alaska, Delaware, Hawaii, Idaho, Kansas, Maine, Montana, New Hampshire, New Mexico, Nebraska, North Dakota, South Dakota, Vermont, West Virginia, Wyoming, the District of Columbia, and my home State of Rhode Island and Providence Plantations combined—a huge portion of Americans. That is a shocking number.

What is worse is that my colleagues on the other side of the aisle plan to dismantle our healthcare system—one-sixth of the country's economy—without so much as a hearing to get input on the bill. Their bill is being written in secret, and from what we can glean of the process the Republicans are employing, we likely will not even see the text in the near future, although I am encouraged that there is some discussion of releasing the text tomorrow. Regardless of whether it is released tomorrow, there has been no deliberate consideration in a hearing. There has been no thoughtful interaction between Republicans and Democrats.

In sharp contrast, I was a member of the HELP Committee while we drafted the Affordable Care Act. The Senate spent 25 consecutive days in session on consideration of the Affordable Care Act, the second longest consecutive session in the history of the Senate. The Senate Health, Education, Labor and Pensions Committee, which I served on at the time, held more than 47 bipartisan hearings, roundtables, and walkthroughs on health reform. In fact, the HELP Committee considered over 300 amendments over the course of a month-long markup, one of the longest in the history of the Congress.

Over half of the accepted amendments were from Republicans. This bipartisan input, along with testimony and consultation from healthcare organizations representing hospitals, doc-

tors, nurses, and patients, among others, over the course of a year led to a better, more informed bill.

We have a lengthy legislative process for a reason. Yet the Republican leadership—up until this moment at least—continues to write their bill in secret as they look for ways to convince their caucus to support a bill that nearly every major healthcare organization opposes, to say nothing of the 23 million Americans across all of our States who would lose their health coverage, and millions more would seek increased costs because of TrumpCare.

I would like to remind everyone that these are real people who will be hurt if we go forward as my Republican colleagues intend to. These 23 million people are all our constituents, our family members, our friends and neighbors. In fact, since the beginning of this year, I have heard from thousands of my constituents from all walks of life, through phone calls, letters, emails, appearances at townhall events, and even those I see out and about shopping around the State or on the airplane to Washington and back to Rhode Island. They have all indicated how they have benefited from the ACA and how TrumpCare could have a devastating impact on their families.

For example, David from Providence, RI, wrote to me to tell me how his life has been affected by the Affordable Care Act. He said:

I don't usually write Senators, actually I've never written a Senator. I have great concerns about my healthcare. I have a pre-existing condition, two heart attacks and open heart surgery, triple bypass. I had medical issues and needed to leave my position at a full-time job 3 years ago to get well. During that leave, the company went chapter 11. I lost my healthcare and had no income. I was able to acquire Medical Insurance through the Affordable Care Act. I started my own design business as a sole proprietor and worked a second job to make ends meet. My healthcare was subsidized for two years. I am now successful in my design business and will be paying back the subsidy for this year and no longer need the subsidy going forward. I am able to purchase affordable healthcare through the Health Connection in RI. Affordable healthcare and the subsidy were there when I needed it. This allowed me to start my business and become a successful business/sole proprietor in RI. It is critical for my continued success to have access to affordable healthcare and not be judged by preexisting conditions.

As David describes, the Affordable Care Act gave individuals and families control over their healthcare for the first time. He was able to get the care he needed, regardless of preexisting conditions, and able to start a new business. This is something I have heard a number of times from my constituents.

I have also heard from Andrew and his wife in Little Compton, RI, who decided to strike out on their own and open a dairy farm after the Affordable Care Act was implemented. Andrew said: "We took this plunge and started a business knowing that the stability of health care was there—we have a

four year old daughter—and if it goes away, we are not sure what we will do."

Time and again, I hear from Rhode Islanders who are now free to take risks and start new businesses and other creative pursuits knowing that they will be able to access affordable healthcare. I ask my Republican colleagues: Do you want to go back to the days when people are locked into their jobs for health insurance? The only reason they are there is for health insurance. Their creativity, their ability to innovate and to invigorate our economy is stifled literally because they need the health insurance. Do you want to discourage your constituents from starting new businesses? Under TrumpCare, people like David, with preexisting conditions, would not have the option, and Andrew and his wife may not have been willing to take on the risk of leaving a job with health insurance to start a new business.

However, as we speak, my Republican colleagues are meeting in secret planning to take away these opportunities. I encourage my Republican colleagues to meet with their constituents, to hear their stories about the ACA. They are not unique to Rhode Island.

It is not enough to just ban insurance companies from denying coverage to people with preexisting conditions. The ACA eliminated annual and lifetime limits. In fact, yesterday I bumped into a family—two families—one with an adorable little girl who had a tracheotomy and who was being pushed around in a stroller. She is about 2 or 3 years old. And I met some other children, another young boy named Tim with a tracheotomy. Today I found out that their problem is lifetime limits. These are very young children, 2 years, 3 years old. Most insurance policies, except for the ACA, would have a lifetime limit. Now, you might be able to go buy it, but before these youngsters are 10, 12, or 13 years old, they will not have health insurance for the rest of their life.

So it is not just the preexisting conditions. The ACA eliminated annual and lifetime limits. When I saw those darling children yesterday, I just knew that has to be the law. Otherwise, it is just a matter of time. Maybe in 5 years, maybe in 6 years, but the kind of conditions they have, at some point, they will hit that limit and at some point the insurance company will say: No thanks.

We made those changes in the ACA. They are going to be disposed of in the proposals I have seen. The ACA requires coverage of basic healthcare services like maternity care. That is not guaranteed.

Before the ACA, insurance companies would cut off coverage just when it was needed most and priced people with health conditions out of the market. These are not abstract concepts. I hear from constituents each and every day about the importance of the critical consumer protections under the ACA,

and TrumpCare would undermine all of these.

Susan from Warwick wrote me to say:

ObamaCare saved my life. Please keep fighting to make affordable healthcare available to all Americans. I was diagnosed with Acute Myeloid Leukemia in 2012. I have my own business and pay for my own health insurance. We always purchased what we thought was adequate, but I'd reached the limit on my policy within just a few weeks of cancer treatment. That left me with huge bills, a need for more expensive coverage in order to obtain lifesaving treatment . . . and technically with a "preexisting condition—cancer."

Susan knows that insurance doesn't mean much if you are sick and have limits on your care. She goes on to say:

I am horrified by the Republican plan to replace Obamacare. Health care is not a luxury. It should be available to all. I never want anyone else to experience the fear I did when my insurance ran out and I realized the care that could save my life might not be available to me. Before we found additional insurance—and jumped through hoops to get it—we looked at selling the house, emptying our IRAs and savings account to pay for my care. It would not have been enough.

Cynthia from Woonsocket, RI, wrote to me to tell me about how TrumpCare would undermine care for people like herself with Parkinson's disease. Specifically, Cynthia wrote about how patients with Parkinson's rely on the essential healthcare benefits required under the Affordable Care Act, including rehabilitative services, mental healthcare, and access to prescription drugs. TrumpCare would do away with these benefits.

Cynthia also points out that the average age of diagnosis of Parkinson's is around 60 years old. However, TrumpCare creates an age tax, leading to skyrocketing costs for this very population. Cynthia also said in her letter that one-third of patients with Parkinson's access care through Medicaid. She says TrumpCare puts all of those patients at risk of losing care. As a patient, she knows better than most that without these existing protections, health insurance will not actually cover the care that is needed.

To add more detail on how critical Medicaid can be, especially to seniors, a constituent living in a nursing home in Pascoag wrote to me to say:

I am 101 years old and enjoy every day to the best of my ability. I am petrified that many of the programs that I rely on for my health and well-being, indeed my life, will be reduced or even eliminated. Please protect my access to Medicaid. DO NOT make Medicaid a block grant to the states. My daughter is helping me to send this communication to you. Please do not forsake me.

So I ask my colleagues: How do you intend to protect her access to nursing home care while cutting Medicaid by over \$800 billion? Block-granting Medicaid, as Republicans have proposed to do, will reduce Medicaid funding by at least 25 percent over the next decade and leave States unable to maintain current Medicaid programs, leaving behind our most vulnerable.

Indeed, the most significant costs for Medicaid in my State and every other State is nursing home care. It is exactly those men and women, like my constituent from Pascoag, a vigorous 101-year-old, who will be forced to pay more, who will be forced because of cutbacks in service at the facility not to have two or three people on duty but just one. All of that we can foresee, and we only can prevent it if we reject this attempt to replace, to repeal, to undercut affordable care.

Now, this Medicaid crisis is serious, and it is not just going to affect the healthcare sector because we know the pressure is on the States to make up some of this lost funding. It will not just be by transferring funds within healthcare efforts. They will have to go everywhere through their budgets: That is K through 12 education. That is infrastructure. That is law enforcement. That is all the things States and localities do but particularly States. They will try to plug the gap because they will have people, like I have described who have written me, coming and not just demanding but obviously in need of healthcare, and they will try to respond, but the response will affect our competitiveness, our education systems, our productivity, when you can't fix infrastructure, and it will be a profound impact.

In fact, a significant number of jobs in my State and a significant number of jobs projected for the future are in the healthcare industry. When this significant reduction of resources to the healthcare sector comes about, the jobs will go, too, because without the resources, you will not employ people—you can't employ people.

Let me share a letter from one of my constituents because it succinctly describes what TrumpCare will really mean for this country. Glenn and Paula from Wakefield, RI, shared a letter from their daughter, Gianna, who has type 1 diabetes, saying:

Let me offer you a translation of what your votes mean: I will die younger and sicker. Probably much sicker. My kids will have a mother for less of their lives. Your votes are what will cause this. Because no matter how consciously I care for myself, no matter how responsible I am, it won't matter if my insurance refuses to cover me. And it won't matter for you either, if you are one of the vast majority of Americans who will end up with a pre-existing condition over the course of your life. If you think you can simply pay the costs yourself, you are in for a rude awakening.

These are only a few examples of the letters, calls, and emails I have received from constituents. The response in opposition to TrumpCare has been overwhelming by the very people whom it will impact the most. I hope my colleagues will listen to these concerns, not just the Rhode Island stories I am sharing today but also from their own constituents. People's lives are at stake.

I urge my colleagues on the other side of the aisle to abandon this effort to pass TrumpCare and start working

with us on bipartisan solutions to improve our healthcare system.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BARRASSO. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. COTTON). Without objection, it is so ordered.

Mr. BARRASSO. Mr. President, I come to the floor today, having returned from the weekend in Wyoming, talking to people as a physician, and talking to former patients of mine. What I see is that the pain of ObamaCare is continuing to worsen around the country for men, women, families, and people who have been living under the Obama healthcare law for a number of years now.

This is an important day, when insurance companies have to come up with the filings and the plans on what they plan to do for next year with regard to plans that meet the ObamaCare mandate. So very soon, millions of people will find out if they are going to be able to buy an insurance plan in their own communities, regardless of the cost. We have seen that the Blue Cross Blue Shield group in Maryland has proposed rate increases up to 58 percent for next year in the State of Maryland. This is after they went up 24 percent last year. How many families can afford such a thing? But that is what we are dealing with.

That is why it is so critical that we get involved in trying to provide relief for American families at this time, with the Obama healthcare insurance market, certainly, collapsing. The head of Blue Cross Blue Shield in Maryland, which is the largest insurer in the State, has said that they see their system is in the early throes of what is known as the insurance death spiral. Prices are continuing to go up, fewer people are signing up, and, as a result, prices are going to have to be raised even more. We saw last year that they went up 24 percent, and this year the proposal, going forward to next year, is 58 percent. This is a terrifying reality for people on ObamaCare today.

One of the big reasons we have been working so hard on healthcare reform is to improve access to healthcare—not empty coverage, but actual healthcare. So what we want to do as Republicans is get rid of some of the excessive mandates, the expensive mandates, things that are driving up the cost of care and certainly driving up the cost of coverage for that care.

When prices come down, people are able to afford insurance and companies are ready to sell that insurance. I know we have people in Wyoming who are ready to buy it. That is how you improve access to insurance. It is how you also improve access to care. You don't do it by forcing the prices up and



then requiring people to buy coverage, which is what the Democrats who voted for ObamaCare did. They said: You have to buy it, it is a mandate, whether you like it or not. We know better than you do. That is what we heard from the Democrats during the debate on President Obama's healthcare law. That is what they passed. They passed it. They voted for it. They didn't know what was in it. Actually, it was the Speaker of the House, NANCY PELOSI, who said: First you have to pass it before you even get to find out what is in it.

President Obama gave a big speech to a joint session of Congress and said that if people like their plans, they can keep their plans. One of the newspapers called that the "Lie of the Year." So millions of Americans then got letters from insurance companies; over 5,000 in Wyoming got that letter. It said: Sorry, your insurance plan isn't good enough for government.

People ought to be able to make that decision for themselves. Families ought to make that decision, not Democrats in Washington who voted for the ObamaCare law. They shouldn't have the right to tell the people of my State or any State what is best for them and their family. It is interesting because the Democrats don't seem to want to remember that anymore. They have selective amnesia.

It turned out that if people liked their plan, they weren't really allowed to keep it. I heard about it again a week ago at a Wyoming stock growers meeting—farmers and ranchers from around the State of Wyoming who come together each year, an organization that has been in existence longer than the State has been a State. These are hard-working people who know what works best for them, what works best for their families. Some of these outfits have been in those families for 100 years. We have something called the Centennial Ranch program where they gather all the family members when an outfit has been in that family for 100 years, and they have been able really to survive so much over the years. Often they would say, you know, whether they deal with floods, whether they deal with fire, the biggest problem they have is often dealing with the Federal Government. We have seen it all across the board, and healthcare is just one of the last things to add to a long litany of Federal Government involvement in the lives of the people of our State of Wyoming.

So here we are today with this incredible government overreach and the failure of that overreach, and even the insurance companies, some of whom supported the passage of the healthcare law, are saying that this is not working. How they reflect the fact that it is not working is they say: OK, we are not going to sell insurance anymore. You can't make them sell insurance. The prices have to go up too much, and it is just not worth the effort.

One of the big insurance companies, Humana, is dropping out of the

ObamaCare exchange entirely next year. They made the announcement. Aetna said that it is quitting the internal markets in Delaware, Iowa, Nebraska, and Virginia. Anthem is pulling out of Ohio. The list goes on.

Now, so far, there are over 40 counties across the country that are expected to have no one selling insurance on the exchange—no one. In Wyoming, we are down to one company that sells it. We had two; one lost so much money, they were pulled off of the market. The second one, which does sell insurance in Wyoming, continues to lose money by selling on the exchange. They are committed to stay, but they just scratch their heads about what the potential future may hold. We are now seeing over 40 counties across the country where no one is selling insurance. That is the reality of ObamaCare.

Remember, President Obama said: If you pass this, there will be huge competition, big marketplaces. If there is only one selling insurance, it is not a marketplace; it is a monopoly.

Next year, the Centers for Medicare and Medicaid Services has said that about 40 percent of all the counties in America will have just one company selling on the exchange—just one—forty percent of the counties all across America. That is a monopoly. What happens when those companies decide to drop out?

Even for people who get an ObamaCare subsidy, if there is no one in that community, in that county selling ObamaCare insurance, the subsidy has no value whatsoever. It can't be used.

That is another part of the story that the Democrats refuse to talk about. In fact, Democrats say a lot of things about insurance coverage that aren't really telling the whole story. They have talked about the Congressional Budget Office report; they talk about a number of things. One of the interesting things about the Congressional Budget Office report—the CBO report, kind of the scorekeepers that take a look at things—on the bill that passed the House said that there will be millions of people fewer who will have insurance if the Republican-passed bill becomes law. Well, the news headlines screamed that the House bill would mean millions of people lose their insurance. Well, that is wrong. That is not at all what will happen.

According to the Congressional Budget Office, when you look at it and see why is it that there will be fewer people with insurance under ObamaCare if you eliminate the individual mandate—the part of the law that says you must buy a government-approved program—the Congressional Budget Office says that if you don't mandate it, a lot of people don't want to buy it. They don't view it as a good benefit to them. They don't view it as worth their money.

If people aren't required to buy insurance, millions of them will choose not to purchase the insurance, especially

when they believe it is not a good deal for them personally. I believe Americans have that right. Apparently, the Democrats don't believe that Americans have that right. They like the mandate. They like making people do things. That, to me, is the difference between a Republican approach, which provides for freedom, and a Democratic approach of government and mandates.

We want to give people the right to decide what is right for them and their families. That is what I hear in Wyoming at the Wyoming Stock Growers Association and as I travel around the State. People know what is best for them and their families. Then, when all of a sudden what they had is taken off the market because the government says that you can't sell it anymore, that is an affront to their ability to choose what works for them and their family, and it is things they have had in the past. Then they got stuck buying some very expensive plan that covered a lot of things they didn't need, didn't want, and couldn't afford, but the government said: We know better than you do, the people of Wyoming, the people of America.

So the Congressional Budget Office says that 8 million people who get coverage in the individual market will decide it is just not worth buying. They also said that there will be 4 million people on Medicaid next year, and if you eliminate the mandate, they aren't going to sign up for it, even when it is free, because they realize that, for many people, being on Medicaid—a failing system—isn't providing much for them at all.

So insurance isn't being taken from people; these are people who are making a decision as free individuals—Americans—of how they want to spend their money and what they want to sign up for, or not.

So the legislation that passed the House really makes no changes in Medicaid in 2018. Yet, the CBO says millions of people on Medicaid will drop it when the mandate goes away.

The Senate is coming up with its own solution. We are looking at ways to make sure that Americans have access to insurance that works for them, not just what works for Democrats in Washington. We roll back some of the worst parts of ObamaCare. Prices for health insurance will go down. People will have better options than the one-size-fits-all plans that Washington has forced on the American people. They will have other options that will work better for them and their families.

Our goal is to not do what the Democrats did. ObamaCare actually kicked people off insurance that worked for them, pulled the rug right out from under them; Republicans don't want to pull the rug out from anyone. Our goal is to reform the American healthcare system so that insurance costs less and it meets the needs of the people who buy it. Republicans' goal is to focus on care, not just useless coverage that ObamaCare had provided for many,

with narrower networks so you can't keep your doctor, you can't go to the hospital in your community, you can't get the care you need, you can't see certain specialists, which is what we have seen with ObamaCare.

If Democrats want to talk about people losing their insurance, they need to look at what ObamaCare is doing to people right now. They need to look at people who are losing their insurance because their insurers are walking away from them. They need to look at people who are losing their insurance because of the premium increases we are seeing requested in Maryland; 24 percent is actually how much it went up last year and 58 percent in certain areas requested for this year.

Now I hear the Democrats say that they are worried about whether people with preexisting conditions get insurance. As a doctor, I will tell you, my wife is a breast cancer survivor; we are absolutely committed as Republicans to make sure that no one with a preexisting condition is left out. Democrats can't make that claim. They have made it over the years. But if there is no one selling insurance where you live, there is no exchange being offered, and you live in those 40 counties right now with no one selling—none—zero, and that number of counties is going to expand next year—if you have a preexisting condition and you are living under ObamaCare, you cannot get insurance no matter what any Democrat says, because no one is willing to sell it to you, even if you get a government subsidy—no one. You are left out. That is what the Democrats have given us in this country with their failed ObamaCare system.

So ObamaCare continues collapsing. It is going to harm more Americans who have preexisting conditions.

The other day, Senator SCHUMER admitted that ObamaCare isn't providing affordable access to care. I think it is an important admission from the minority leader. Now it is time for him and the Democrats to join with Republicans in the Senate—join us in providing Americans the care they need from a doctor they choose at lower costs.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. CORNYN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. CORNYN. Mr. President, as the Senate knows—and I suspect a lot of people outside of the Chamber know—we will move forward on the healthcare reform effort to repeal and replace ObamaCare very soon. A bill will be released as early as tomorrow morning, representing a discussion draft.

I think it is important to remind all of our colleagues of the urgency that

we face. We already know that insurance premiums have gone up since 2013 alone for those in the individual market—those would be individuals with small businesses—by 105 percent. This is 2013. Can you imagine in 2013 paying a premium only to realize that over the next 4 years, it would quadruple in just a short period of time?

Most Americans can't absorb that additional cost. We know that many people are struggling from the high cost and the lack of quality of care and the choices available to them.

Again, on the cost issue, when ObamaCare was being sold to the American people, I still remember President Obama saying that the average family of four would see a decrease in their premiums of \$2,500. I think the correct figure is based on experience. They have seen their premiums go up \$3,000.

I shared a story last week about a small business owner in Texas who had lost his healthcare. He lost his doctor, and yet he had to pay astronomically more for what ends up to be less coverage. I would say he is only one person who I have heard from. I have heard from many, many more under similar circumstances.

Even those who receive their healthcare from their employer are feeling trapped by ObamaCare. I had a constituent, for example, from Needville, TX, and his story, yet again, is all too familiar. After his employer renewed their healthcare plan, premiums rose 50 percent, and his current doctors refused to accept his plan from the ObamaCare marketplace. While his healthcare costs rose, of course, his salary did not follow suit.

He has been forced to dramatically cut back on his standard of living and is living from paycheck to paycheck. In his letter, he said he is worried about being able to provide for his family. Can you imagine what that must be like? And not thinking of himself, but what this means for his coworkers, as well, and his community.

This is one of the endless stories that my constituents have sent me over the past few years, and I know Texas isn't alone, which causes me to wonder who our colleagues are listening to or not listening to in their States.

I mentioned yesterday that I had one colleague, whose name I won't mention out of respect for his confidential communication—this is a Democratic Senator—who has a son who has seen his insurance premiums go up to \$7,500. Sorry, that is the deductible. But his premium has gone up \$5,000. He told me that his son's out-of-pocket costs for healthcare was \$12,500 a year.

That is another casualty of ObamaCare. Yet, when we are looking around to see how many Democrats are willing to join us to come to the rescue of people who are being hurt by the destruction of the healthcare markets, we see no one raising their hand or coming forward.

For our Democratic friends to attack us for trying to fix the havoc that they

wreaked in our healthcare system is really ridiculous. Our friends on the other side of the aisle had their chance. They passed ObamaCare by a party-line vote. In the interim, it demonstrated that this is an experiment in big government and massive spending that has simply failed.

Our friends on the other side know that. They also realize that, regardless of who won the election in November, we would be moving towards a new, better healthcare alternative, but they are simply unwilling to participate and are sitting on their hands and waiting. Indeed, they are hoping that we will fail in our efforts to save many Americans—millions of Americans—from a healthcare system they were promised but one that was not delivered.

Instead of working with us, they effectively are throwing what could only be called a temper tantrum. They are trying to shut down any productive activity in the Senate, including bipartisan committee work.

I was in three committee hearings this morning, one involving the Intelligence Committee and our investigation into Russian active measures involving the 2016 election. I was in another important Finance Committee hearing where we talked about the importance of modernizing the North American Free Trade Agreement, or NAFTA, and then another one in the Judiciary Committee, where we talked about the influx of dangerous gangs into the United States, including MS-13, from Central American countries. Yet our Democratic colleagues are so bent out of shape over the healthcare debate that they are willing to shut down legitimate bipartisan concerns for each of those issues by not letting our committees operate as they should.

Here is the rub. If they actually had a better plan, we would be more than happy to listen. We would be more than happy to work with them. But the only thing they have offered has been offered by the Senator from Vermont—one of their Presidential candidates—Mr. SANDERS, who said that what he wants is nothing less than a complete Federal Government takeover of healthcare, the so-called single-payer system. That would wipe out all private insurance, and you would be looking to the government for all of your healthcare.

We know that hasn't worked particularly well in places like Canada and England and elsewhere. We also know that it is completely unaffordable. The Urban Institute, which did a study of Senator SANDERS' single-payer healthcare system, said that just in 2017 alone, it would add more than a half trillion dollars to Federal spending, and it would add trillions and trillions of dollars more over ensuing years. This isn't a solution. This is creating a bigger problem.

Unfortunately, our Democratic colleagues have let the far left faction of



their own conference hold them hostage to pushing for a single-payer system that would make ObamaCare look like a wild and resounding success.

As I said, we need only look to our neighbors to the north, who under a single-payer system have their healthcare decisions decided for them by the government, while they see their taxes go up every single day.

Canada is marketed as an affordable outcome, but only if your procedure is deemed necessary by the government. In other words, if the government doesn't think the procedure you need is necessary, good luck with that.

Would you want somebody in the government making your medical decisions for you or your family without considering your individual medical history? I certainly wouldn't. Under a single-payer system, this could lead to many families having to buy supplemental health insurance on top of the taxes they have already paid or simply pay cash, rewarding high-income individuals with a better level of healthcare above that offered to the rank-and-file citizens under a government program.

Single-payer systems are not a solution, certainly not in this country. Not only is choice and cost threatened under a single-payer system, but so is quality of care.

Just last year in Canada, it took an average of 20 weeks for patients to receive medical care that was deemed necessary—the longest recorded wait time since wait times began to be tracked. One report estimated the Canadians are waiting for nearly 1 million healthcare procedures.

Can you imagine having to wait up to 38 weeks for some medical procedure, the whole time worrying about your health or the health of your loved one?

Single-payer is a costly, inefficient, and unfeasible option, and, perhaps because of that, we are not hearing many people on the floor stating what I believe to be the case, which is that it is the only choice being offered by our friends across the aisle. They are not willing to come here and debate the merits of what we are proposing, which is a market-driven, individual-choice system, which is designed to keep premiums down in a way that makes it more affordable. They are not willing to debate that and a government takeover known as a single-payer option with all of its assorted problems.

The reforms we are seeking are patient-centered and market-driven. These are the sorts of things that many of our colleagues across the aisle said they would like to see as well, but they have somehow fallen in line with part of their political base, which makes it impossible for them to have an open, rational discussion about the merits of each proposal.

We are left with no option but to finalize our discussion draft and introduce that tomorrow so that the world can see it and so it can be put on the internet, so we can have a fulsome de-

bate and we can have unlimited amendments in the so-called vote-arama process, which I know is very popular around here. We will vote dozens of times or more on proposed amendments to the bill. That is the kind of transparency and openness that I think are important when you are dealing with something as important as healthcare.

Here are the goals of what we are going to propose tomorrow in this discussion draft.

First, we need to stabilize the markets that have left millions in the country with no choices when it comes to insurance providers. Under ObamaCare, insurance markets have collapsed. In Texas, one-third of Texas counties have only one option for health insurance, which is no choice whatsoever. Of course, in addition to threatening competition, it also lowers quality while doing nothing about rising costs.

Second, we have to address the ballooning price of ObamaCare premium increases. I mentioned, just in the ObamaCare exchanges since 2013, they have gone up 105 percent. If we do nothing about it, they are going to go up by double digits again next year, so doing nothing is not an option. Again, without competition, there is no room for these prices to go anywhere but up, and we have to come to the rescue of the millions of Americans who are simply being priced out of the health insurance market.

Third, something our Democratic colleagues have repeatedly called for is that we have to protect people with preexisting conditions. If we want our healthcare system to work, we must be able to provide coverage, particularly for preexisting conditions, for all Americans. We will do that in the discussion draft proposed tomorrow.

Lastly, I believe we need to give the States greater flexibility when providing for the low-income safety net known as Medicaid, in a way that is more cost-efficient and effective. For example, in my State, we have asked for a waiver in order to provide managed care for people on Medicaid. More than 90 percent are on managed care, which means if you have a chronic illness—if you have a particularly complicated medical problem—you have a medical home and somebody keeping track of your treatment, making sure you get the treatment you need and are entitled to.

Now we have the opportunity to make Medicaid a sustainable program. We know that it is not, as currently written. What we are proposing is to spend more money each year on Medicaid but to do so at a cost-of-living index that will be affordable and sustainable by the American taxpayer. We have the opportunity to address the quality issues and redtape issues and provide this important entitlement to make sure that it remains on a stable path.

The American people have made clear, time and again, that the status

quo of ObamaCare is not working. All you have to do is look around. There were 60 Democratic Senators in 2010 who voted for ObamaCare. They were in the majority—a big majority. How many are there today? Well, there are not 60 anymore. They have gone from the majority to the minority, I believe, in large part because of the unfulfilled promises of ObamaCare.

I encourage our colleagues across the aisle—indeed, I encourage all of us to listen to the stories from our constituents. There are too many families asking us to step up and come to their aid. We need to do more than just give floor speeches or loft impossible single-payer options, which simply won't work. We need to actually deliver on the promises we made to deliver healthcare reform and to do so to the best of our ability.

I am under no illusion that this will be perfect. Indeed, when you are operating under the constraints of the budget rules, with Democrats taking a walk and sitting on their hands, it is impossible for us to come up with the best possible product we could under the circumstances. But I dare say, it will be better than the status quo, which is a meltdown in the insurance markets, and we will take large steps forward in not only stabilizing the markets but bringing premiums down, while assuring coverage for preexisting conditions and putting Medicaid on a sustainable path forward.

We invite our Democrat colleagues to join us, if they will. But under present circumstances, it doesn't look as though they plan to do so.

#### REQUESTS FOR AUTHORITY FOR COMMITTEES TO MEET

Mr. President, I have nine requests for committees to meet during today's session of the Senate. They do not have the approval of the Democratic leader; therefore, they will not be permitted to meet today beyond 2 p.m. But I ask unanimous consent that a list of the committees requesting authority to meet be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

Committee on Commerce, Science, and Transportation  
Committee on Finance  
Committee on Foreign Relations  
Committee on Homeland Security and Governmental Affairs  
Committee on the Judiciary  
Committee on Intelligence  
Subcommittee on Seapower  
Subcommittee on Public Lands, Forests, and Mining

Mr. CORNYN. Mr. President, if I could take 30 seconds more—because my colleague from Louisiana is here—I, frankly, think the objection to nine committees meeting in the Senate is indefensible. I mentioned the three committee hearings we had this morning, but they are just an indicator of important issues, such as the investigation by the Intelligence Committee of Russian involvement in our election; the Judiciary Committee looking into

the role of MS-13, one of the most dangerous and violent street gangs in America, with about 10,000 gang members present in the United States. We are looking at things like trade and the importance of modernizing NAFTA and the 5 million jobs that binational trade supports with Mexico or the 8 million jobs with Canada.

For our Democratic colleagues to object to our being able to meet in committees because of their pique over healthcare—which they have voluntarily taken themselves out of—is just beyond indefensible. I hope the American people realize exactly what they are doing. This is the temper tantrum I talked about a moment ago. This is not about having an open and honest debate and trying to solve a problem that, frankly, is not just our problem; it is a problem for all Americans. We ought to do better than that. We ought to hold ourselves to a higher standard than that. But this is the kind of temper tantrum, unfortunately, you get when a political party is not willing to participate in the debate and where they have no ideas that are actually workable, other than a single-payer system that will bankrupt the country and will fail to deliver quality healthcare to all our citizens.

I yield the floor.

The PRESIDING OFFICER (Mr. TOOMEY). The Senator from Louisiana.

#### HEALTHCARE LEGISLATION

Mr. CASSIDY. Mr. President, I am also here to comment, as Senator CORNYN has, on the state of play, if you will, and the repeal and replacement of ObamaCare. I think sometimes the American people feel like collateral damage as Republicans and Democrats go back and forth as to what is the best policy.

I am a physician, a doctor who worked in a public hospital for the uninsured for decades before I went into politics. I guess from my perspective, the primary thing is not Republican versus Democrat, but that patient who is struggling to pay her bills, her premiums, or the fellow who can't afford medicine. What are we doing for them?

There is a gentleman who went on my Facebook page—again, cutting through this kind of political noise. This is Brian from Covington, LA:

My family plan is \$1,700 a month, me, my wife and 2 children. The ACA has brought me to my knees. I hope we can get something done. The middle class is dwindling away. Can everyone just come together and figure this out?

If that is not a plaintive plea of someone who is drowning under the cost of premiums for insurance, which he knows he has and, as a responsible father and husband, he will work to pay for—nonetheless, he says that he is being crushed by these high premiums.

The American people need relief. We have to lower those premiums. I have always said, though, that whatever we do must pass the Jimmy Kimmel test; that is, to say that if Brian's wife or children or he himself has a terrible ill-

ness, there will be adequate coverage to pay for the care their family would need for that member of their family with that terrible disease. It kind of brings us to where we are now—two aspects to what we are considering.

By the way, when folks say that we are redoing one-sixth of the economy, that is not true. The Affordable Care Act, ObamaCare, again, attempted to address one-sixth of the economy that is healthcare. We are focused on the individual market, which is about 4 percent of those insured, and Medicaid. We are not touching Medicare. We are not touching the employer-sponsored insurance market. It is important to realize that this is not as comprehensive as the Affordable Care Act. It is something far more focused.

Let's first talk about Medicaid. I am very concerned about what has been proposed for Medicaid, but also concerned about current law regarding Medicaid. Under the Medicaid expansion in the Affordable Care Act, States got 100 percent of all the cost of the patients enrolled for the first 4 to 5 years. As you might expect, States were quite generous in their payments for these patients as they contracted with Medicaid-managed care companies to care for them, so much so that those folks enrolled in Medicaid expansion. Taxpayers are paying 50 percent more than taxpayers are paying for those in traditional Medicaid. And States enrolled roughly 20 million people in the Medicaid expansion program. The combination of enrolling so many people in the Medicaid expansion program and paying 50 percent more than for traditional Medicaid means that when States finally have to foot 10 percent of the bill, which they will by 2020—when States have to finally foot that 10 percent of the bill, they cannot afford that 10 percent.

Unfortunately, under the Affordable Care Act, State taxpayers will not be able to pay what in California is \$2.2 billion extra per year as the State's 10-percent share. Similarly in Louisiana, my State, our taxpayers—me, my colleagues, my friends, my neighbors—would be on the hook for \$310 million per year. Our State is having a budget crisis because we can't afford \$300 million. Now it is a \$310 million recurring bill every year.

One thing that is not said is that Medicaid expansion in its current format is not sustainable. We have to do something—again, to preserve benefits for that patient. We have to take care of that patient, but we have to make it sustainable, both for the Federal taxpayer and the State taxpayer. By the way, whoever is watching this is both a Federal and State taxpayer. You are getting caught both ways.

Let me speak a little bit about the process. If you want to speak about Medicaid, we just laid it out. Let's speak a little about the process, as much has been said about it. I don't care for how the process transpired, but I certainly understand Leader

MCCONNELL's concerns that Democrats would not collaborate. I find that a sorry state of affairs.

What do I mean by that? SUSAN COLLINS and I, and four other Republican Senators, put forward a bill that would allow Democratic States to continue in the status quo—to get the money they would have ordinarily received under the Affordable Care Act and to continue a system—as much as they desire to have—for the whole Nation.

The minority leader, CHUCK SCHUMER, condemned our bill before we filed it, meaning before he had a chance to read it. Without reading our bill, he condemned it, even though his State of New York would have been allowed to continue in the program that they are currently in and receive the dollars to support that program. He condemned the bill before he read it, even though it would have allowed his State to continue in the status quo.

Similarly, we approached other Senators—10, at least, on my part. None would help us with our bill, even though their State could have continued in its current status quo, receiving the income it currently receives. That tells me that even a good faith effort to reach across the aisle was not going to get cooperation. That is too bad, and that is why, I think, there is kind of a political back-and-forth in which the patient—the American like Brian, struggling to support and cover his family—gets lost in the crossfire. A goodwill bill, designed for States to do that which they wish to do, would not even be considered by the other side.

I have always pointed out that if even two Democrats had walked into MITCH MCCONNELL's office and said "We will work with you to pass a bill," they could have gotten far many more things for their State than saying "No, we have not been invited to the party; therefore, we will not participate." I say that as an observation, not as a criticism, but also as an explanation to the American people of how we have ended up in this position.

Now, as to the bill that will be before us, I have not seen the written language. I reserve judgment until I have seen that, but I will say that there are some things I like. If our desire, again, is to take that patient, the American citizen, and make sure his needs or her needs are met—a family such as Brian described here who cannot afford their current premiums—there are things in this bill which will lower those premiums. There is the so-called cost-sharing reduction payments for the next couple of years that would continue to provide certainty to the insurance companies so that when they market insurance on the individual market, there would be certainty. They would be able to know those dollars are coming from the Federal taxpayer to support folks for the next couple of years, and they could lower their premiums accordingly.

There will be a so-called State Stability Fund that going forward, States

could use to create what was called the invisible high-risk pool—a reinsurance program, if you will—so that if you are a patient on dialysis, a patient with cancer, very expensive to care for, you would continue to get the care you require, but everyone else in that insurance market has their premiums lowered because there is a little bit of help for those folks with those higher cost conditions. By that, we lower premiums.

President Trump, when he was running for President, said he wanted to continue coverage, care for those with preexisting conditions, eliminate the ObamaCare mandates, and lower premiums. What I have seen or, at least, heard is we are on the path to fulfilling President Trump's pledge. Now, again, reserving judgment until I have seen written language, I will say that what I have seen so far keeps the patient as the focus, would address someone like Brian, the needs of his family, the needs of their pocketbook as well as their health, and build a basis so that going forward, States would have the ability to innovate, to find a system that works best for them.

On behalf of those patients, I hope that we as a Senate—whatever our party—are successful. I hope going forward we, as a Senate, no matter what our party, put the patient as the focal point, hoping that our combined efforts—again, no matter what our party—will address her needs or his needs, both financially and particularly for their health.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BLUMENTHAL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BLUMENTHAL. Mr. President, earlier this week, on Monday morning at 9 a.m., I held a last-minute emergency field hearing on healthcare. With our colleagues on the other side of the aisle refusing to hold any official hearing on the bill and refusing to even show us the bill—what almost certainly is almost bad policy that is contained in the bill—I wanted the people of Connecticut to know that their voices and their faces would be heard and seen here in Washington, DC, and their stories would be told with or without an official committee hearing.

When I say this emergency field hearing was last minute, it was truly last minute, with many people having not even days but hours of advance notice to come and speak and share with me and others what the Affordable Care Act has meant to them, to their families, to their communities, and what losing it would mean to them.

To say the room was full would be a gross understatement. Every seat was filled, and when those seats were gone,

people lined the wall two or three deep and squeezed in through the door. They were so anxious to be heard, and they were loud and clear. They were heard by me, and now I want their voices to be heard here.

We are continuing this hearing. In fact, we are having a second hearing on Friday afternoon at 1:30 in New Haven. We are sending out notices, blasting them to the people of Connecticut. We will have a third, if appropriate and necessary.

The people who came to this emergency field hearing in Connecticut were no different from millions of other people around the country, and they were speaking, in a sense, for all Americans. In my mind, they were speaking for parents who are suffering, providers who are healing, kids fighting back against dreaded diseases. They came because the closed-door discussions held in secret here by a small number of colleagues across the aisle will impact them every single day for the rest of their lives. My constituents and the people of Connecticut and the people of the country are unrepresented in those discussions. That is a travesty and a betrayal of our trust and our job.

So, on Friday, we are going to do the same thing. We are holding another emergency hearing in New Haven so people of my State can be heard, despite this disgraceful process that has left them and so many others on the outside looking in. They are excluded from democracy, and that is unconscionable.

If nothing else, I hope my colleagues will realize one thing. This is what democracy looks like. This is how we are meant to make decisions with many opinions—much debate, diversity of viewpoint, sometimes messy but always transparent, open, and clear to people whose lives are affected by it. That is what this emergency field hearing was designed to do.

Since it is becoming increasingly clear that this bedrock principle of our democracy—the right to open and honest debate—is being denied, I want to share some of the stories I heard on Monday, just some of them, and I will be sharing more of these stories over the coming days.

Justice Brianna Crutch was described by her mother as a beautiful free spirit, as you can see from this side of the photo. She was filled with compassion and at 21 years old had a beautiful and meaningful life ahead of her, all of her life ahead of her. She was a full-time student in a dental program, and she had a 4.0 average.

Justice, like far too many people, particularly young people in Connecticut and around the country, had a substance use disorder, and she needed effective, long-term treatment to begin that road to recovery. For Justice, this treatment came too late, and on August 23, 2015, she overdosed on heroin. It led to a brain injury. It is likely she will never recover from that injury.

“More likely than not,” her mother said, “I will have to make the decision to bring my daughter home with hospice care. No parent should be faced with these decisions.” That is what Jennifer Kelly said at the hearing on Monday.

That is a picture of Justice as she is today.

I want to read exactly what Jennifer Kelly said because her words are far more powerful and meaningful than mine could ever be.

The American Health Care Act—

The House version of the so-called replacement for the Affordable Care Act—

would reduce Medicaid funding by \$800 million, which provides coverage to an estimated 3 in 10 adults dealing with an opioid addiction. This will be so devastating to those seeking treatment for an opioid addiction. In a system where families are already seeking help, this will be a tremendous step backwards.

So here I am, almost two years later, pleading for life, fighting once again for families I have never met, because I believe that no one should have to fight to get help for addiction in this country like my daughter did. So my question is, Mr. President and the members of the Senate, what number of lives lost will be enough? What is the magic number of sons and daughters, mothers and fathers, aunts and uncles that we as a nation will have to lose before you realize this country needs help?

I ask that same question of my colleagues today. I ask the question that Jennifer, a brokenhearted mother, asked. What number of lives will be enough? How many is enough? When will others in this body realize that gutting our healthcare system and stripping millions of care will simply make this opioid epidemic worse?

Jennifer was unfortunately not the only person who came to speak about the opioid epidemic. For me, the most moving and powerful among those moments came from Maria Skinner, who runs the McCall Center for Behavioral Health in Connecticut, who was there to give her thoughts and share the stories of two young people. I was actually lucky enough to meet both of them. Once again, I am going to share her words directly:

What I want to do is talk to you about two people and make that a real, personal, granular, human story. . . . And you know these two people very well; it's Frank and Sean.

She was speaking to me.

[You] have met Frank and Sean, who were able to access care and get clean and sober because of the Medicaid expansion, because they were able to have coverage.

And they've come here, to these rooms, to speak courageously and publicly about their struggle and about their recovery, and about how grateful they are to be able to be clean and sober because of the access of care afforded them through their insurance coverage.

We went to Sean's funeral on Saturday, and . . . Frank would be here today if he wasn't as brokenhearted as I am. Sean was 26 and had been doing really well, was on Naltrexone, was taking a Vivitrol shot, and he had to have surgery for a hernia, because

he raced motorbikes professionally and the hernia hurt him. He wanted to go back and was doing so well, he was speaking publicly to youth and was anxious to go back into doing what he loved. So he had that surgery and had to come off of his medication to do that. He was very vulnerable after his surgery, and he slipped once, and he used.

I've been to too many funerals and seen too many mothers and fathers broken-hearted at the coffins of their sons and daughters. We can't make this any harder than it already is. To me, it is unconscionable.

Maria is right, and so is Jennifer. Gutting Medicaid would be unconscionable. Weakening the protections afforded to those with mental health or substance use disorder would be truly unconscionable. Repealing the Affordable Care Act and the provisions within it that have meant more coverage, more healthcare, and more healing for those suffering from substance use disorder and struggling to break the grip of this opioid epidemic would be unconscionable and costly beyond words.

Alternative funds, as some reports say Republicans have considered, will never replace a permanent insurance program like Medicaid because Medicaid guarantees that coverage is there when families need it. No alternative can do that.

In Connecticut, nearly half of all medication-assisted treatment for people with substance use disorders is paid by Medicaid. My fear is that the Republican bill in place will mean that these people would have no place to go. They would have no support for medications, counseling, and help, no chance to get better, no place to go. I refuse to let us find out the answer to what would happen to them if Medicaid were gutted. I refuse to allow it to happen, if I have anything to do with it.

People with substance use disorder are not the only ones who will see their coverage threatened by a weakening of protections for those with preexisting conditions. In Connecticut on Monday, Shawn Lang of AIDS-Connecticut expanded on what this bill would mean for the people living with HIV in this country.

Some of us lived through the early days of the plague when we went to funeral after funeral, memorial service after memorial service, week after week, month after month, watching our friends wither away and die. The healthcare bill that is currently secretly weaving its way through Congress would bring us back to the early days of the plague.

HIV is a preexisting condition. Over half of the people living with HIV in the country and in this state are over the age of 50 and rely on Medicaid as their primary source of insurance. Most of those people also have other co-morbidities like substance abuse disorders and mental health disorders. What little we know about this bill would be devastating to people with HIV and AIDS, and it essentially would amount to a death sentence. Once again, having lived through those early days, we don't want to go back there.

Shawn's story is one of many I heard about the fear of losing coverage due to a preexisting condition.

Gay Hyre, a 60-year-old breast cancer survivor, has similar concerns about

what gutting the Affordable Care Act would mean not just for her but for everyone around her. She said this about why she came to speak at the hearing:

I'm not just worried for me about my own care, although I will be on the receiving end of a lot of bad parts of this. I care passionately about the other 23 million Americans who are my fellow citizens of every age, type, and need. It's about the future, it's about our kids, it's about our grandkids who won't have access to treatments, who won't have access to doctors.

I know my colleagues across the aisle don't want to hear these stories. If they wanted to hear these stories from people in Connecticut and around the country, millions of stories, we would have hearings—not just emergency field hearings; we would have hearings here in Washington before the Committee on Health, Education, Labor, and Pensions and before the Committee on Finance and other committees that have jurisdiction on the House side as well as in the Senate. We would be having a real debate, a robust discussion, and everyone of us here would have a chance to review this bill, if there is a bill, and comment on it and hear from the people we represent. But unfortunately my colleagues across the aisle don't want to hear about the details of repealing the Affordable Care Act.

One witness at my hearing, Ellen Andrews of the Connecticut Health Policy Project, really summed up the reason. Here is what she said:

We have been working on expanding health coverage, high-quality, affordable coverage to everyone in the state and now everyone in the nation. I looked back, actually, at 2010, how many people were uninsured in this state before the Affordable Care Act, it was 397,000 people, almost 400,000. Last year it was down by 262,000. That is 262,000 fewer people living in our state without insurance because of the Affordable Care Act.

I want to share one final story. It is about a little boy in Connecticut who has a lot to lose if the Affordable Care Act is secretly gutted behind closed doors, as is now happening in real time right before our eyes, in secret, invisibly, in this body. I want to tell you about Connor Curran.

Two years ago, when Connor was 5 years old, his parents noticed that he was lagging behind his twin brother. They brought him to a doctor. Rather than receiving a simple diagnosis, they learned that Connor has Duchenne muscular dystrophy, a degenerative terminal disease that has no cure. Most people with the disease don't survive past their midtwenties. Connor's family wrote that their sweet boy, who was just 5 and full of life, would slowly lose his ability to run, to walk, to lift his arms. Eventually, they said, he would lose the ability to hug them at all.

Connor needs complex care from multiple specialists, costing an estimated \$54,000 a year. Thanks to the Affordable Care Act, he cannot be denied coverage and has the coverage he needs to receive care. His family also wrote that any elimination of lifetime caps or elimination of essential health benefits

will hinder his family's ability to access the care that Conner needs.

This is Conner in a picture that has been provided by his family.

The ACA removed barriers to Conner's care, and they are concerned—and so am I—that this reckless, reprehensible bill will put them back to the place that they were when they first learned about Conner's diagnosis.

Should Conner's disease progress, he will very likely need access to Medicaid in order to offset the costs of living with a disability, but for his family, the question now is, Will Medicaid even be there? If that devastating day comes, will he continue to receive the care he needs?

Conner's family is not about to give up. They have come to my office annually since he was diagnosed in order to fight for a cure and to fight for the Affordable Care Act—sometimes with tears in their eyes. They raise awareness, and they fight for their little boy. I know they would do it a million times over again if it meant that Conner could get better and live a long and healthy life.

Conner and others like him are why I am here. Conner and others like him are why I will continue this fight against any attempts to repeal the Affordable Care Act and replace it with a shameful, disgraceful bill that has been written behind closed doors—destroying lives and degrading the quality of life for millions of Americans.

The people whom I have met in Connecticut who came to this hearing—and countless others who have talked to me about the Affordable Care Act—are fighting for their lives and their health and for others who need it as well.

Those people whom I met in Connecticut and the others who will come to our hearing on Friday and, perhaps, afterward are the reason I am fighting for better coverage for all of the people of Connecticut and our country.

Those people are the best of our country with their fighting spirit and dedication to the people they love, and they deserve to be heard. They are the voices and faces of the Affordable Care Act who have been turned away at the door of this Capitol. I refuse to allow them to be silenced.

As I have mentioned, we will be back at it again on Friday because hearing from our constituents is part of our job. It is the bedrock of democracy. It is the fundamental core of what we do—listening to the people whom we represent. Failing to do so is unconscionable just as destroying the Affordable Care Act would be unconscionable, just as denying Conner what he needs would be unconscionable, just as ignoring Justice and Sean and Frank would be unconscionable. I hope my colleagues will listen.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Mr. President, I am pleased to yield 5 minutes to the distinguished Senator from Georgia.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. ISAKSON. Mr. President, I thank the distinguished President pro tempore of the Senate, the chairman of the committee. I am honored to take that 5 minutes.

#### VETERANS HEALTHCARE

Mr. President, a lot of us wake up in the morning with a plan for the day, and we know what we are going to do each hour—and every 5 minutes if you are a Member of the Senate. Some days surprise you. I went to breakfast this morning for Members of the Senate who are veterans of the U.S. military. There were three of us at that breakfast. There were supposed to be more, but some did not come at the last minute.

One of the people at the breakfast handed me a piece of paper—four pages as a matter of fact—and asked: Have you seen this?

I did not know what it was, but I turned and looked at it. It was a white paper on the impact of President Trump's proposed budget on the American veteran.

The guy said: You are the chairman of the Veterans' Affairs Committee. I want you to explain why all of this is true.

I quickly turned through it, from one page to another, and looked at each of the headlines and subtitles. Every one of them was wrong. There was not a statement of fact in it, but there was a purpose to the paper.

So I thought all morning about what I would do today to try and get the word out about what is true without getting into a partisan or a bickering battle on the floor of the Senate about documents that have been sent out circuitously by one Member of the Senate or another. Facts are facts, and facts are stubborn things. It is very important for me as chairman of the committee to make sure that the Members of the Senate know what we are dealing with as we lead up to making important decisions.

This white paper alleges that President Trump's budget is a circuitous route to privatize VA health services for our veterans, which is patently untrue and wrong, and the authors of this in the Senate who have written it know it is untrue because they are on the committee. It further alleges that the funding of healthcare for veterans has been cannibalized by privatization programs in order to take healthcare out of the Veterans Health Administration and put it into the private sector.

I know, within a few weeks, that I am going to be coming to the floor with, hopefully, the entire Veterans' Affairs Committee and will be seeking additional funds for the Choice Program so as to continue to meet the demand for our veterans and their healthcare.

It was 2½ years ago that this Senate and this Congress and the former President passed and signed legislation that guaranteed that every veteran, no matter where he lived, could get services

within the private sector in his community that were approved by the VA—services that he could not get from the VA anywhere. In other words, he got a choice. If he were denied an appointment within 30 days, he got a choice if he lived more than 40 miles from the service area. It became known as the Choice Program—popular but difficult to manage. It was popular in that 2.7 million appointments were held in the next 2 years over the previous 2 years because of the increased accessibility of healthcare for our veterans.

I come to the floor to say that the Veterans' Affairs Committee is working with the appropriators and the authorizers to see to it that the healthcare money that needs to be appropriated for our veterans is appropriately done in the budget proposal that we pass out of this body.

I want everybody on the floor to remember, every time you allege as a Member of the Senate that money for veterans is being cannibalized and that they are not going to get their health services, you are accusing the Congress and the Senate of not doing their constitutional duty of providing the funds we guarantee these men and these women when they voluntarily sign up to serve our country, serve for the eligible time necessary, and get VA status.

I am never going to forsake my obligation to the men and women who serve us today, have served us in the past, and will serve us in the future. I am never going to be one of those politicians who is not trustworthy in standing behind every promise that is made.

We have made a great promise to the veterans of America, and we are going to keep it because they made the greatest promise of all—that they would risk their lives for each of us.

So, if you get a document that reads "The Impact of President Trump's Proposed Budget on America's Veterans" and read it and it talks about the cannibalization of VA healthcare and its going to a privatized system of healthcare, put it in the trash can because that is where it belongs. It is full of quotes that have been taken out of context and that have been put together to tell a story to frighten folks.

Today and every day, we are in the process in the Veterans' Affairs Committee of working toward seeing to it that we meet the funding shortfalls that exist, to see to it that our veterans get the healthcare that they deserve and they come to our Veterans Health Administration for or that they have a choice, and we will continue to do so.

I have but one responsibility in the U.S. Senate, which is of paramount importance, and that is my chairmanship on the Veterans' Affairs Committee. I am not going to let our veterans down, and I am not going to let somebody else allege that we on the committee are trying to do something that would

not help the veterans or guarantee them their healthcare. On the contrary, we are going to see to it that nobody else takes it away. We are going to do for our veterans what they have done for us—pledge our sacred honor to see to it that they get the service they deserve, have fought for, and have risked their lives for.

I thank the Senator from Utah for yielding the time.

The PRESIDING OFFICER. The Senator from Utah.

#### HEALTHCARE LEGISLATION

Mr. HATCH. Mr. President, for the last several weeks, I have been hearing quite a bit about process here in the Senate, particularly as it relates to the ongoing debate over the future of ObamaCare.

My friends on the other side of the aisle have, apparently, poll-tested the strategy of decrying the supposed secrecy surrounding the healthcare bill and the lack of regular order in its development. They have come to the floor, given interviews, and even hijacked committee meetings and hearings to express their supposedly righteous indignation about how Republicans are proceeding with the healthcare bill.

Of course, hearing Senate Democrats lecture about preserving the customs and traditions of the Senate is a bit ironic, but I will get back to that in a minute.

Last week, the Senate Finance Committee, which I chair, held a routine nominations markup to consider a slate of relatively uncontroversial nominees. On that same day, several of our colleagues and congressional staffers had been viciously attacked by an armed assailant, and a Member of the House of Representatives, of course, was in critical condition in the hospital.

I opened the meeting by respectfully asking my colleagues to allow the committee to use the markup as an opportunity to demonstrate unity in the face of a violent attack against Congress as an institution. Even then, my Democratic friends were, apparently, unable to pass up an opportunity to try to score partisan points and rack up video clips for social media by playing for the cameras as they lamented the committee's position in the healthcare debate.

Once again, the situation is dripping with irony. As I said, I will get to that in a minute.

If my Democratic colleagues are going to continue grandstanding over the healthcare debate, I have a few numbers I would like to cite for them.

Under ObamaCare, health insurance premiums in the State of Oregon have gone up by an average of 110 percent. In Michigan, they have gone up by 90 percent. In Florida, they have gone up by 84 percent. In Delaware, they have gone up by 108 percent. In Ohio, they have gone up by 86 percent. In Pennsylvania, they have gone up by 120 percent. In

Virginia, they have gone up by 77 percent. In Missouri, they have gone up by 145 percent.

I have not picked those States at random. Each of these States is currently represented by a Democrat on the Senate Finance Committee. Of course, those trends extend well beyond the committee.

In Illinois, where the Senate minority whip resides, premiums have gone up by 108 percent.

In West Virginia and Wisconsin, both of which are also represented by Democratic Senators, premiums have gone up by 169 percent and 93 percent, respectively.

Montana is in a similar situation with premiums rising by 133 percent under ObamaCare.

Now, just so people do not go thinking that I am picking on the Democrats, I will note that, in Utah, health insurance premiums have gone up by an average of 101 percent.

In Wyoming, they have gone up by 107 percent, and, in Nebraska, they have gone up by 153 percent.

I can go on, but I think my point is clear: Health insurance premiums have skyrocketed all over the country by an average of 105 percent. I will repeat that. Under ObamaCare, the average health insurance premiums in the United States have seen triple-digit increases.

These are the fruits of the so-called Affordable Care Act. This is the burden that ObamaCare has placed on patients and families throughout our country, and people are feeling that burden whether they vote for Democrats or Republicans.

The only difference is that, for 7½ years, my Republican colleagues and I have been talking about the failures of ObamaCare, and for 7½ years, Senate Democrats have done virtually nothing to address these problems.

For 7½ years, Republicans like myself have pleaded with our Democratic colleagues and with the previous administration to work with us to address the failures of ObamaCare, and for 7½ years, it has been virtually impossible to get any Democrat in Washington to even acknowledge that there have been any problems with ObamaCare to begin with.

As the cost of healthcare in this country has skyrocketed out of control and the system created by the so-called Affordable Care Act has been collapsing under its own weight, Democrats in the Senate have been cherry-picking what few positive data points they can find and telling the American people that everything is fine and that ObamaCare is working.

Give me a break.

By no honest or reasonable measure is ObamaCare living up to the promises that were made at the time it was passed. As a result, the American people are saddled with a healthcare system that has been poorly designed and recklessly implemented.

Sure, it has made for partisan political theater for my colleagues to ex-

press shock and dismay at the current state of the healthcare debate. I am quite certain the strategy has polli-tested very well among the Democratic base, and the Senate minority leader clearly has an elaborate media campaign in mind.

Before they begin berating Republicans, I hope my Democratic colleagues were able to come up with something to tell their constituents whose healthcare costs have exploded as a result of ObamaCare. I have just mentioned a few things.

I hope they have answers for their voters for wondering why they only have one insurance option available to them, if they even have that, and, most importantly, I hope they have an explanation as to why they have been more or less silent while the law they supported—and still support—has wreaked havoc on our Nation's healthcare system.

Until they can answer those questions and provide those explanations, my good friends should spare anyone within earshot their lectures about what is currently happening in the Senate.

Finally, let me address the irony of my Democratic colleagues' process complaints. Some of them have selective memories when it comes to the history of ObamaCare. We have heard our colleagues talk about the number of committee hearings held in advance of ObamaCare's passing. What we don't hear is that there was not a single hearing held in the Senate on the ObamaCare reconciliation bill, which was an essential element that ensured passage of the Affordable Care Act in the House.

We have heard our colleagues talk about the markup process in committee and the number of amendments that were filed and accepted. What we don't hear about is the fact that the bills reported by the Finance and HELP Committees were tossed aside so the healthcare bill could be rewritten behind closed doors in Senator Reid's office, who was then the majority leader. The final product was only made public a few days before the Senate voted on it.

The truth is this: Senate committees—including the Finance Committee—have had literally dozens of hearings wherein the failings of ObamaCare—both the structure of the law and its implementation—have been thoroughly examined. Between all the relevant committees, there have been at least 66 healthcare hearings in the Senate since ObamaCare became the healthcare law of the land. More than half of those were in the Finance Committee.

Committees have conducted countless oversight investigations and inquiries into these matters over the years. Few matters in the history of our country have received as much of the Senate's attention as ObamaCare has received. Very few laws have been examined as extensively as the so-

called Affordable Care Act, which is anything but affordable. ObamaCare is the very definition of well-covered territory.

The majority leader has made clear that Members will have an opportunity to examine the forthcoming healthcare bill, and I expect that to be the case. He has always made assurances that when the bill is debated on the floor, we will have a fair and open amendment process, as required under the rules. There is really no reason for anyone to expect otherwise.

Let's recall that when ObamaCare was passed, the Democratic Speaker of the House, with a plain face, stated that Congress had to pass the bill in order for people to see what was in it.

Let's also recall that a couple of years later, one of the chief architects of the so-called Affordable Care Act bragged about the lack of transparency that surrounded its passage and said it was necessary to, in his words, take advantage of the "stupidity of the American voter."

Any argument that the process that resulted in ObamaCare was a picture of transparency and deliberation is so off base that it would almost be humorous if the issue was something less important.

As I said in committee last week, I want to welcome my Democratic colleagues to the healthcare debate. Ever since ObamaCare was signed into law, Democrats have more or less assumed that the debate was over and that all they had to do was keep telling the American people that everything was just fine, as if repetition alone would make it come true.

Everyone is going to see the bill, and everyone is going to get their chance to say their piece about it.

For now, I simply hope my Democratic colleagues will spare us their lectures and maybe look in the mirror when they are ranting about the degradation of the process and traditions of the Senate.

I have been around healthcare for most of my 41 years in the Senate. A lot of the healthcare bills that work in this country have my name on them. This is one of the worst bills I have ever seen in all my time in the U.S. Senate. If I were a Democrat, I would not be claiming success because of that bill. It is a pathetic piece of legislation that is going to put this country down and make healthcare not available for everybody but make everybody have the worst healthcare system they could possibly have.

Now, it is one thing to cherry-pick a few things that the healthcare bill can help with, but it would be a totally stupid bill if it didn't have something in it that was good. If you look at the overall bill and you look at the overall cost to America and you look at what it is doing to America and you look at how the medical profession is starting to really wonder if they want to be in the profession anymore—you can't do all of this and look at all of these things



without asking, What in the heck have we done here? Are we so stupid that we believe the Federal Government is the last answer to everything?

Well, we will see, because I think some people are that stupid and, frankly—I don't want to name anybody, and I hope I am wrong, but I have been here 41 years and I have seen a lot of stupidity around this place and you have to really go a long way to find anything worse than the so-called "affordable" healthcare bill.

This is a pathetic piece of legislation that is going to wreck our country if we don't, as Democrats and Republicans, get together and reform it. This is an opportunity for my friends on the Democratic side as well as the Republican side to see what we can do about this and to get this thing straightened out.

This is the greatest country in the world. There is nobody in this country who should go without basic healthcare. When we have terrible cases like my distinguished friend and colleague from Connecticut has mentioned, yes, we want to make sure people who suffer like that are taken care of, and there are some on our side who could be a little more humane and compassionate, but there are some on the other side, too, who could be a little more humane and compassionate and maybe a little more honest when they talk about this bill.

We are a long way from solving the healthcare problems in this country, and if we go down this road any further, we will be an even longer way from solving these problems, and we may very well bankrupt the American economy, which will then really show us how bad we are with regard to healthcare in this country.

My friends on the other side never ask, Where is the money going to come from? Who is going to pay for this? Who is going to help us to get through this? We are just going to throw money at it, and we are \$100 trillion in unfunded liability in this country and \$20 trillion in national debt. It is astounding. Who is going to pay for it, especially when it doesn't work any better than that.

I spent some of my prior life in medical malpractice work defending doctors and hospitals and healthcare providers, and some of that was really astounding to me because some of those cases were brought just to get the defense costs, which were always pretty high because those cases were very expensive to defend. Most of them were not good cases, but once they got in court, if they had any kind of basis at all—but even if they were dismissed, it still cost a lot of money.

All I can say is, there is a lot wrong with our healthcare system in this country, but it is still the best healthcare system in the world, and it is about to go down if we don't get together as Republicans and Democrats and straighten this mess out. We can make our political points all we want

to. Both sides have been right in some cases and both sides have been wrong on some things, but we are wrong if we think that the current system is going to work, and we ought to be working together as Republicans and Democrats or Democrats and Republicans to straighten it out.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Mr. PETERS. Mr. President, I rise with the understanding that the Senate will be voting on a Republican healthcare bill next week, a bill that has been written entirely behind closed doors.

The bill has been hidden from the American people, the press, and, as far as I can tell, almost every Senator. I have not been allowed to see it and neither have any of my Democratic colleagues.

I was elected to the Senate in 2014 during the same election that Republicans regained the majority, and I remember a pledge by their leadership that the Senate would return to regular order. Well, regular order means public hearings on legislation. Regular order means committees have a chance to gather input from expert witnesses, consider a policy's potential impact, and amend bills before they come to the floor.

Prior to enacting ObamaCare, the Senate Finance and HELP Committees held nearly 100 hearings, roundtables, and walkthroughs on healthcare reform. In the House, where I served at the time, there were over 79 bipartisan hearings and markups that included an opportunity for our Republican colleagues to offer input and amendments in the bill. Dozens of Republican amendments were adopted during the House committee markups of the Affordable Care Act. That is an open process.

What we are seeing now is a bill drafted entirely in secrecy and hidden behind closed doors. But why? Is it because Republicans know that this bill is not a good deal for the American people? You could call the recent process a lot of things, but you can't call it open, and you can't call it regular order.

Supposedly, the bill has been assembled by a working group of 13 of my Republican colleagues, but just yesterday—just yesterday—one of these Members complained that he had not yet seen a draft. In fact, he went on to say—this is a Republican colleague of mine in this working group:

It has become increasingly apparent in the last few days that even though we thought we were going to be in charge of writing a bill within this working group, it's not being written by us. It's apparently being written by a small handful of staffers for members of the Republican leadership in the Senate.

This quote makes it clear that this working group is—well, it is not working.

When Senators in the majority party are unable to tell you who is writing

the bill, let alone what is in the bill, we have a problem. While we clearly have a problem with the secretive, rushed process, this process is a symptom, not the disease. The underlying disease is that this bill, which we reportedly will see tomorrow, is almost certainly terrible for the American people.

There are two explanations for keeping a product under wraps: Either you want to build excitement for it or you are worried about the weaknesses that would be exposed by the daylight. I don't believe for a moment that Republicans are trying to build excitement by hiding this bill. This bill is not next year's model of the Ford Mustang or Chevy Camaro waiting to be unveiled at the Detroit auto show to great fanfare. This bill is like a disaster that will negatively impact millions of Americans. This bill is the iceberg that sunk the *Titanic*, and Republican leadership has turned off the ship's radio and are furiously shoveling coal into the engines.

While the Senate moves full steam ahead to vote next week on a bill we haven't even seen yet, I am worried that my colleagues across the aisle, along with too many political commentators and pundits, are simply asking the wrong questions. They are asking: Will moderate Republicans vote for it? Will the tea party wing support it? Will it take sweetheart deals to get to 51 votes?

Well, folks, this is not a game. This is not about if and how the majority can count to 51 votes and solve their political problems with the far-right-wing base of their party. This is about people's lives.

There are serious policy questions we need to ask, and the American people deserve to have answers. There are questions like these: What are your policy goals here? How do you think this will help people afford quality insurance coverage? What will the bill do for tens of millions of Americans who have gained healthcare coverage in recent years? What will the bill do for patients with preexisting conditions? What will the bill do for the hundreds of thousands of Michiganders covered under the successful Healthy Michigan Program? What will the bill do for small business owners and employees? What will the bill do for seniors who need affordable, long-term care options? What will the bill do for individuals battling opioid addiction? These are questions I am asking, along with all of my Democratic colleagues.

I serve on the Permanent Subcommittee on Investigations, and just a few weeks ago we held a hearing on opioid abuse and how the epidemic is simply ravaging our Nation.

I had the opportunity to speak with a police chief from our southern border State of Ohio. He was very clear that if Medicaid expansion were to go away—as we saw in the House bill and expect to see in the Senate bill—it will make it much more difficult for local police departments to tackle this crisis because of dramatically scaled-back

availability of addiction treatment. I spoke with a coroner, a medical doctor, and an addiction expert on the panel as well.

These are professionals dealing with a public health crisis each and every day—not people with political agendas. They all agreed that Medicaid expansion is critical to combating addiction, improving public health, and helping individuals suffering from addiction have an opportunity to be productive citizens and have a second chance at life.

The bottom line is that this bill—this secretive, rushed bill that we will supposedly see tomorrow—will move us backward and rip healthcare away from millions of Americans. When you take health coverage away from people, people will die.

As a Member of the House, I voted for the Affordable Care Act because I knew that, at the end of the day, it would save people's lives. As elected officials and public servants, there are only a handful of votes we cast that are literally about life and death. Next week, we will see one of those votes.

I urge my colleagues on both sides of the aisle to read the bill, whenever we get it, and then talk to doctors, patients, families, clinics, and hospitals in their State. I also urge my colleagues to vote no next week and to start a truly bipartisan process that keeps what works, fixes what doesn't, but, most importantly, helps all Americans afford quality healthcare in their communities.

I stand here ready and willing to be a partner in a bipartisan process and to work with my Republican colleagues to improve our healthcare system. Show us and the American people you are serious about health reform. Let's have an open and honest process and pass a bill that is genuinely in the best interest of the American people.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. GARDNER). The clerk will call the roll. The bill clerk proceeded to call the roll.

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### CLIMATE CHANGE

Mr. WHITEHOUSE. Mr. President, I come weekly to the Senate whenever we are in session to give my "Time to Wake Up" speech, talking about climate change and, quite often, talking about the climate denial campaign that prevents us from taking action and, quite often, talking about the campaign finance problems in our country that make climate denial effective. Here, in Congress, it is not hard to connect the dots from campaign finance to climate denial.

The Supreme Court's Republican majority's disastrous Citizens United decision was requested by the fossil fuel industry, and the fossil fuel industry took instant advantage of it—almost

like they saw it coming. The industry and its front groups instantly used their new power conferred by Citizens United to come after politicians—Republicans in particular. Ask Bob Inglis, who backed responsible climate policies. Citizens United created new American dark-money emperors, and—no surprise—the new emperors love their new political power.

Their first payoff was that Republicans in Congress fled from any legislative action on climate change. Before Citizens United, there were multiple bipartisan climate bills. Year after year—when I was here in 2007, 2008, 2009—there were bipartisan climate bills to the left of you, bipartisan climate bills to the right of you, bipartisan climate bills cropping up all over. Today, we watch our Republican President trying to undo curbs on carbon emissions and, to the cheers of Republicans in Congress, withdrawing the United States from the historic Paris Agreement. We join Syria and Nicaragua as the only nations to reject this common cause. That, my friends, is the heavy hand of fossil fuel influence, driving us into isolation and abdication of American leadership.

Of course, right now, no Republican can safely sponsor any bill to limit carbon dioxide emissions, and so none do. Very different than before the Citizens United decision in January of 2010. That changed everything. When those five Republican justices opened up unlimited political spending to the big Republican special interests, that unlimited political spending was inevitably going to find dark-money channels. Dark-money channels hide the identity of the political donor, so that big special interests can pollute our politics with their money with seemingly clean hands.

The climate denial scheme of the fossil fuel cartel is powered politically by dark money. Whether through the lure of dark money coming in for you in a political race or the threat of dark money coming in against you in a political race, dark money powers climate denial. Well, we have just learned something new about dark money.

Chairman GRAHAM and I held hearings in our Judiciary Subcommittee on Crime and Terrorism to look at Russian interference in the recent 2016 election and what it portends for elections to come. Our witnesses warned us that Russia has strategically manipulated politics in Europe for decades. They started working in the former Soviet Union countries, and they expanded to where they are manipulating politics in France, Germany, Holland, England, and all over Europe. The witnesses warned us that we in America must be prepared for that. They jumped the Atlantic to manipulate the 2016 elections, and they are not going away.

One identified weakness of the United States against Russian influence was this dark money in our politics. Why is that? Well, it is obvious.

Once you allow dark money in, dark is dark. Cash from Vladimir Putin is no more traceable than cash from Charles and David Koch. One witness, a former Republican national security official, told us: "It is critical that we effectively enforce the campaign finance laws that would prevent this type of financial influence by foreign actors."

"It is critical that we effectively enforce the campaign finance laws" against foreign influence by foreign actors.

The two best studies of Russian influence in Western Europe in their elections and in their politics are "The Kremlin Playbook," by CSIS, or the Center for Strategic and International Studies, and "The Kremlin's Trojan Horses," by the Atlantic Council. Both of them report that Russia takes advantage of nontransparency in campaign financing to build its shadowy webs of influence and control. If you leave dark-money channels lying around, it is likely that Vladimir Putin and his oligarchs will find them.

The "Trojan Horses" report warns this: "The Kremlin's blatant attempts to influence and disrupt the U.S. presidential election should serve as an inspiration for a democratic push back." That is a lower case "d" for "democratic push back," and it points to one key way we need to push back.

I will quote them again.

Electoral rules should be amended, so that publically funded political groups, primarily political parties, should at the very least be required to report their sources of funding.

That is, end dark money.

Likewise, the "Kremlin Playbook" report warns:

Enhancing transparency and the effectiveness of the Western democratic tools, instruments, and institutions is critical to resilience against Russian influence.

Enhancing transparency means ending dark money.

Our hearing and these reports reveal another political influence tool used by the Kremlin: fake news. As we shore up our democracy to defend against Russia's fake news information warfare, we must remember this: Climate denial was the original fake news.

To give an example, here is a story that may sound familiar. An unknown hacker illegally breaks into and steals an organization's emails. The organization's emails are held until they can be released at a politically strategic moment. At the strategic moment, emails are leaked to a website with shady ties. The leaks are then amplified and spun by fake news, driven into the regular media, and have their desired political effect. Does any of that sound familiar? Of course, it is the methodology of the Russians' hack of the Democratic National Committee, right? Unknown hacker, stolen emails, strategic release, caching them until they can be used, shady website, fake news spin-up, regular media takes the bait, political damage.

If you step back and look at just the methodology, we have seen this pattern before—so-called climategate, the

fake scandal years ago cooked up by the climate denial machine. It was 2009, not 2017. The organization hacked was not the DNC but the Climate Research Unit at the University of East Anglia in the United Kingdom. The release was timed to the U.N. climate conference in Copenhagen, not the Presidential election. The documents went to climate skeptic blogs—with, interestingly, the first upload in Russia—instead of to WikiLeaks, but the mainstream media took the bait, and the political damage was done.

At the time, the New York Times wrote:

The[se] revelations are bound to inflame the public debate as hundreds of negotiators prepare to negotiate an international climate accord at meetings in Copenhagen next month.

This climategate scheme worked so well that in November 2011, the climategate operation did it again just before the U.N. climate conference in Durban in what was dubbed climategate 2.0. Of course, the whipped-up climategate hysteria was all fake news.

As the Guardian wrote in February 2010:

Almost all the media and political discussion about the hacked climate emails has been based on soundbites publicised by professional [climate] sceptics and their blogs. In many cases, these have been taken out of context and twisted to mean something they were never intended to.

Eight times, everyone from the inspector general of the U.S. Department of Commerce, to the National Science Foundation, to the British Parliament found no evidence of any misconduct by the scientists, but for the climate denier groups, the truth was never the point.

This climategate stunt was the product of a fake news infrastructure built by the fossil fuel industry to attack and undermine real climate science—disinformation campaigns, false-front organizations, stables of paid-for scientists, and propaganda honed by public relations experts. This denial operation aspires to mimic and rival real science, and it is an industrial-strength adversary with big advantages. It does not need to win its disputes with real science; it just needs to create the public illusion of a real dispute. It doesn't have to waste time in peer review, and it doesn't have to be true; it just has to sound like it might be. This industrial fake news operation isn't going anywhere. It is too valuable to the big polluters.

As we prepare to face down Russia's campaign of election interference, we will have to face up to these two hard facts:

If the Kremlin wants to deploy fake news information warfare in our country, the climate denial fake news infrastructure already exists. Remember, climate denial was the original fake news.

If the Kremlin wants to deploy a surreptitious financial influence cam-

paign, the dark money infrastructure already exists. The fossil fuel industry's dark money election manipulation machinery is ready to go. Putin doesn't have to build a thing. The fossil fuel dark money and fake news infrastructure stands ready to go.

Unfortunately, we know it works because it has worked for years for the fossil fuel cartel, particularly since Citizens United allowed the fossil fuel industry to enforce silence on the Republican Party.

The dangers of fake news, dark money, climate denial, and foreign interference in our elections are all intermixed. They have brought us to the point where the President of the United States will leave the Paris Agreement, betraying the country's interests, in the service of the fossil fuel industry, the Koch brothers' climate denial operation, and Breitbart fake news.

This calls for an American response. Dark money and fake news are a sinister combination, whoever is behind them. America must address the twin threats of fake news and dark money. It is bad enough when these are the tools of the fossil fuel industry's climate denial operation, but we are on notice now. We are on notice from these reports and from multiple witnesses that the Kremlin can borrow these tools too.

I will close by asking that we clean up this mess. It may take citizen action, given the stranglehold dark money and fake news have on Congress, but this is a fight worth having. There is no good that comes out of dark money and fake news, whoever is behind them. We should rid ourselves of this sinister combination.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

REMEMBERING OTTO WARMBIER

Mr. PORTMAN. Mr. President, I rise today to talk about a promising young man from Wyoming, OH—just outside of Cincinnati, my hometown—a young man whose life was drastically cut short at just 22 years of age. I rise to talk about Otto Warmbier.

Otto had all the smarts and talent you could ever ask for. He was a homecoming king and the salutatorian of the Wyoming High School class he graduated from a few years ago. He spent a summer at the London School of Economics. He was a smart kid. He won a prestigious scholarship to study at the University of Virginia. As everyone expected he would, he excelled at UVA. He got great grades. He had a thirst for learning. He loved meeting new people and hearing about their lives and their perspectives. His future was as bright as it could possibly be.

It was this smart, kindhearted young man—a college kid—who was taken prisoner by the North Korean regime for nearly 18 months. Otto's detainment and sentence were unnecessary and appalling. Neither one should have ever happened in the first place. At

some point soon after being sentenced to 15 years of hard labor, from what we know, Otto suffered a severe brain injury—from what, we don't know, and we may never know.

Whom did the North Korean Government tell about this? No one. For the next 15 months or so, they kept this a secret. They denied him access to the best medical care he deserved, and they refused repeated requests for consular access that would normally be provided to those who have been detained—requests from our government, from the Obama administration, from the Trump administration, requests from the Red Cross, requests from the Swedish Government, which provides consular service for Americans in North Korea, requests from many of us here in the Capitol.

The regime unjustly imprisoned him and then lied about his severe medical condition. By the way, they continued to tell stories that make no sense. Doctors at the University of Cincinnati—some of the best doctors in the world and just the type of medical professionals Otto should have been able to see from the start—say that North Korea's claims as to what happened simply don't stand up to the evidence.

They called him a prisoner of war, but they also violated the Geneva Convention. For North Korea to imprison Otto Warmbier with no consular access for more than a year with his medical condition and severe brain injury—it goes well beyond that. It demonstrates a complete failure to recognize fundamental human rights. Because of these actions by the North Koreans, Otto is dead. His promise has been cut short.

If there is ever any doubt about the nature of the North Korean regime—that pariah country—then Otto's case should erase all doubt. We know this regime has no regard for the rule of law or the freedoms we enjoy here, but they also have no regard for basic human rights and dignity. They have subjected hundreds of thousands of their own people to mistreatment, torture, and death for decades. They are now extending that treatment to innocent Americans. North Korea should be universally condemned for its abhorrent behavior and be held accountable for its actions.

Otto's family—God bless them—tried everything they could to bring Otto home. For 18 months—and for almost 16 months not knowing of his dire condition—they were steadfast and resilient, trying everything they could.

I was there with Fred and Cindy Warmbier when Otto finally returned from North Korea. He came home. It was incredibly emotional to watch Otto be reunited with his loving family. I believe he knew he was back home. I believe he knew he was among those who loved him.

I want to thank State Department Special Representative Joe Yun, Deputy Secretary Sullivan, and Secretary Tillerson for their work to help secure Otto's release last week and to bring him home.

There are still three Americans who are being detained by the North Koreans. They should be released immediately, and we should do everything we can do as a country to secure their release.

Otto's case is a reminder that we must, on the one hand, increase pressure on North Korea to force them to change. There will soon be more to discuss on that. At the same time, we have to maintain an open line of communication to deal with the deadly serious issues we face. Those are some of the lessons I have taken from the last 18 months.

Fred, Cindy, and the entire Warmbier family have been incredibly strong through this ordeal. No one should have to go through what that family has experienced. My wife Jane and I will continue to be at their side, including at the funeral service tomorrow in Wyoming, OH.

I urge my colleagues and everybody listening at home to continue to hold up this family in prayer, but also let's ensure that this tragedy is a wake-up call about the true nature of this brutal regime.

Mr. President, I yield back.

The PRESIDING OFFICER. The Senator from Massachusetts.

#### HEALTHCARE LEGISLATION

Ms. WARREN. Mr. President, President Trump said last week that the healthcare bill passed by the House was "mean," and then he said the Senate should make the bill more "generous, kind [and] with heart." It sounds like the President is having second thoughts about this Republican bill.

So now, Mr. President, you are waking up and noticing just how heartless this bill is; you know, the bill your Republican buddies in Congress slapped together in a back room; you know, the one you celebrated with a big press conference in the Rose Garden a few weeks ago; you know, the bill that you and House Republicans gave each other high fives over for taking away healthcare from millions of people, and now it sounds like you want a do-over.

Too bad no one explained to the President that mean is just part of the deal the Republicans have struck. Mean is baked into every sentence of this bill. When you set out to trade health insurance of millions of American families for massive tax cuts for the wealthy, things get real mean fast.

This mean bill does a lot of things, but some of the meanest things about it are how hard it will hit American women. To pay for the hundreds of billions of dollars in tax cuts for this bill, Republicans chose to make one of their classic moves—a sort of old reliable for Republican men: attack women's healthcare.

Let's run through just a few examples. Today, most people helped by Medicaid are women. The Republican bill cuts Medicaid by \$834 billion. Republicans say millions of women who lose healthcare will do just fine.

Today, plans on the individual market have to cover maternity care and

treatment for postpartum depression. The Republican bill says: Forget it. Let the States drop those benefits. Women are the only ones using them anyway.

Today, the law says you can't charge women more by labeling things like pregnancy as preexisting conditions. The Republican bill says: Who cares? Go for it.

Today, women can choose healthcare providers they trust the most, but the Republicans want to eliminate that choice by cutting funding for Planned Parenthood. Republicans say women can do just fine without the care they need.

Frankly, I am sick of many coming down to the Senate floor to explain to Republicans what Planned Parenthood does. I am sick of explaining that it provides millions of women with birth control, cancer screenings, and STI tests every year. I am sick of pointing out, again and again, that Federal dollars do not fund abortion services at Planned Parenthood or anywhere else. Women come to the floor, we explain, we cite facts, but Republicans would rather base healthcare policy on politics than on facts.

Speaker RYAN called this mean bill pro-life, but this is just the biggest political play of all. Calling something pro-life will not keep women from dying in back-alley abortions. It will not help women pay for the cancer screenings that could save their lives. It will not help them take care of their families, have safe sex, or afford their medical bills. The pro-life label is the Republicans playing politics with women's lives.

Let's be blunt. The Republican bill will make it more likely—not less likely—that women and their children will die. Women aren't fools. We can feel the difference. We can tell the difference between reality and lies, and that is why we are here today. That is why we are fighting back on the Senate floor today.

Right now, 13 Senators—all men—are sitting in a room writing revisions to the secret Republican bill. These 13 men will not show us the bill and will not hold hearings on its contents. Just in case anyone missed the point, please note that all 13 of these men have already voted during their time in the Senate to reduce women's access to contraception and abortion. Republicans have told the press that Americans shouldn't worry about the fact that women are shut out because "reduc[ing]" the 13 men to their gender is a "game . . . of identity politics."

This is not identity politics, and it is certainly not a game. This bill will affect every woman in this country, and we know what is going on behind closed doors: 13 men are trading away women's healthcare for tax cuts for the rich.

American women deserve better than this mean Republican bill, and American women are here to fight back.

Thank you.

I yield the floor.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. CRAPO. Mr. President, I ask unanimous consent to speak 5 minutes before the vote.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### NOMINATION OF MARSHALL BILLINGSLEA

Mr. CRAPO. Mr. President, I rise in support of Mr. Marshall Billingslea, who has been nominated to serve as Assistant Secretary of the Treasury for Terrorist Financing.

Mr. Billingslea proved at his nomination hearing before the Banking Committee that he is exceptionally qualified for this job. As Assistant Secretary for Terrorist Financing, Mr. Billingslea would be in charge of coordinating Treasury's efforts on terrorist financing, anti-money laundering, and other illicit financial threats to the domestic and international financial system.

Mr. Billingslea would work with the entire national security and law enforcement communities, the private sector, foreign governments, and other entities to carry out this mission.

As demonstrated at his confirmation hearing, his unique background includes 22 years of experience working with these entities to protect the Nation, and it also includes time in the legislative and executive branches, as well as the private sector. After 9/11, Mr. Billingslea served in senior positions in the Department of Defense and NATO. Prior to that, he worked on national security affairs at the Senate Foreign Relations Committee, where he drafted numerous pieces of sections of legislation intended to combat weapons of mass destruction and disrupt terrorist networks.

Mr. Billingslea's qualifications and capabilities were affirmed when he received bipartisan support from the Banking Committee in a 19-to-4 vote.

Before we proceed to the cloture vote on Mr. Billingslea, we will have a final vote on Ms. Sigal Mandelker's nomination to be Under Secretary of the Treasury for Terrorism and Financial Crimes, which I spoke about yesterday.

These two positions are critically important to defending our Nation from threats and securing our interests. As Assistant Secretary, Mr. Billingslea would work closely with Ms. Mandelker as head of the policy and outreach apparatus for the Office of Terrorism and Financial Intelligence, which Ms. Mandelker would lead.

As we saw with the Senate passage of the Iran sanctions bill and our Russia sanctions amendment last week, there is strong bipartisan support in Congress to remain strong against these Nations. As with the passage of that bill, I urge my colleagues to confirm Ms. Mandelker and to move forward with Mr. Billingslea's nomination so they can carry out the important work for which we have already shown such strong bipartisan support.

Thank you. I yield the floor.

The PRESIDING OFFICER. Under the previous order, the question is, Will

the Senate advise and consent to the Mandelker nomination?

Mr. STRANGE. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

The result was announced—yeas 96, nays 4, as follows:

[Rollcall Vote No. 150 Ex.]

#### YEAS—96

Alexander	Flake	Murray
Baldwin	Franken	Nelson
Barrasso	Gardner	Paul
Bennet	Graham	Perdue
Blumenthal	Grassley	Peters
Blunt	Hassan	Portman
Boozman	Hatch	Reed
Brown	Heinrich	Risch
Burr	Heitkamp	Roberts
Cantwell	Heller	Rounds
Capito	Hirono	Rubio
Cardin	Hoeben	Sanders
Carper	Inhofe	Sasse
Casey	Isakson	Schatz
Cassidy	Johnson	Schumer
Cochran	Kaine	Scott
Collins	Kennedy	Shaheen
Coons	King	Shelby
Corker	Klobuchar	Stabenow
Cornyn	Lankford	Strange
Cortez Masto	Leahy	Sullivan
Cotton	Lee	Tester
Crapo	Manchin	Thune
Cruz	Markey	Tillis
Daines	McCain	Toomey
Donnelly	McCaskey	Udall
Duckworth	McConnell	Van Hollen
Durbin	Menendez	Warner
Enzi	Merkley	Whitehouse
Ernst	Moran	Wicker
Feinstein	Murkowski	Wyden
Fischer	Murphy	Young

#### NAYS—4

Booker	Harris
Gillibrand	Warren

The nomination was confirmed.

The PRESIDING OFFICER (Mr. LEE). The majority leader.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the motion to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate's action.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

#### CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The senior assistant legislative clerk read as follows:

#### CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorist Financing, Department of the Treasury.

Mitch McConnell, Orrin Hatch, John Hoeven, John Cornyn, John Barrasso, John Boozman, Mike Rounds, Chuck Grassley, Steve Daines, Thom Tillis, John Thune, Mike Crapo, Bill Cassidy, James Inhofe, Thad Cochran, Tom Cotton, Roger Wicker.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorist Financing, Department of the Treasury, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The assistant bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Vermont (Mr. LEAHY) is necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 65, nays 34, as follows:

[Rollcall Vote No. 151 Ex.]

#### YEAS—65

Alexander	Ernst	Murkowski
Baldwin	Fischer	Nelson
Barrasso	Flake	Paul
Bennet	Gardner	Perdue
Blunt	Graham	Portman
Boozman	Grassley	Risch
Burr	Hatch	Roberts
Capito	Heitkamp	Rounds
Cardin	Heller	Rubio
Cassidy	Hoeben	Sasse
Cochran	Inhofe	Scott
Collins	Isakson	Shelby
Coons	Johnson	Strange
Corker	Kaine	Sullivan
Cornyn	Kennedy	Tester
Cotton	King	Thune
Crapo	Lankford	Tillis
Cruz	Lee	Toomey
Daines	Manchin	Warner
Donnelly	McCaskey	Wicker
Duckworth	McConnell	Young
Enzi	Moran	

#### NAYS—34

Blumenthal	Hassan	Sanders
Booker	Heinrich	Schatz
Brown	Hirono	Schumer
Cantwell	Klobuchar	Shaheen
Carper	Markey	Stabenow
Casey	McCain	Udall
Cortez Masto	Menendez	Van Hollen
Durbin	Merkley	Warren
Feinstein	Murphy	Whitehouse
Franken	Murray	Wyden
Gillibrand	Peters	
Harris	Reed	

#### NOT VOTING—1

Leahy

The PRESIDING OFFICER. On this vote, the yeas are 65, the nays are 34.

The motion is agreed to.

#### EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The assistant bill clerk read the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorist Financing, Department of the Treasury.

The PRESIDING OFFICER. The majority leader.

#### FREE SPEECH

Mr. MCCONNELL. Mr. President, today I wish to touch on a topic that, as I announced recently, I am going to continue to speak about in the coming weeks and months on the Senate floor; that is, the right of free speech.

This fundamental right is one of our most cherished. It forms the beating heart of our democracy. It sits at the core of our civic identity. Yet, these days, it seems to be coming under an increasing threat all across our country.

The challenges it faces are different from what we have seen in the recent past, but we must confront these, too, if we are to preserve this right for future generations. That is certainly what I intend to do. I know others share that commitment, and I hope more colleagues will join in this effort as well.

Our colleagues know this is a topic I have devoted a large part of my career to. Throughout the Obama years, I warned that our ability to freely engage in civic life and organize in defense of our beliefs was under coordinated assault from an administration that appeared determined to shut up anyone—anyone—who challenged it. These efforts to suppress speech were well documented, they extended throughout the Federal Government, and they were often aided by the Obama administration's allies here in Congress.

There were threats before then as well. I know, because I took up the fight against many of them. Sometimes it was a lonely battle. Often it was an unpopular one, but, in my view, it was necessary because whether the threats to free speech came from the IRS or the Obama administration's SEC, they shared a similar goal: to shut down or scare off the stage those who chose to think differently.

Today, however, the threat to free speech is evolving. The speech suppression crowd may no longer control the levers of Federal power, but it hasn't given up its commitment to silencing those with an opposing view.

Yesterday, in the Judiciary Committee, Chairman GRASSLEY held a hearing to explore the worsening problem of a lack of tolerance on college campuses—imagine that, college campuses of all places—for the views of others—lack of tolerance on college campuses for the views of others. One of the witnesses at the hearing was Floyd Abrams, whom our former colleague Senator Moynihan rightly described as “the most significant First Amendment lawyer of our age.” Mr. Abrams noted that we are witnessing “an extraordinary perilous moment with respect to free speech on campuses” where “too many students . . . seem to want to see and hear only views they already hold. And to prevent others from hearing views with which they differ.”

So what could account for this?

A profound lack of information is one answer. For example, Mr. Abrams cites a study where “nearly a third of college students could not even identify the First Amendment as the one that deals with freedom of speech.”

The day before, across the street, the Supreme Court reminded us of the importance of a vibrant right to free